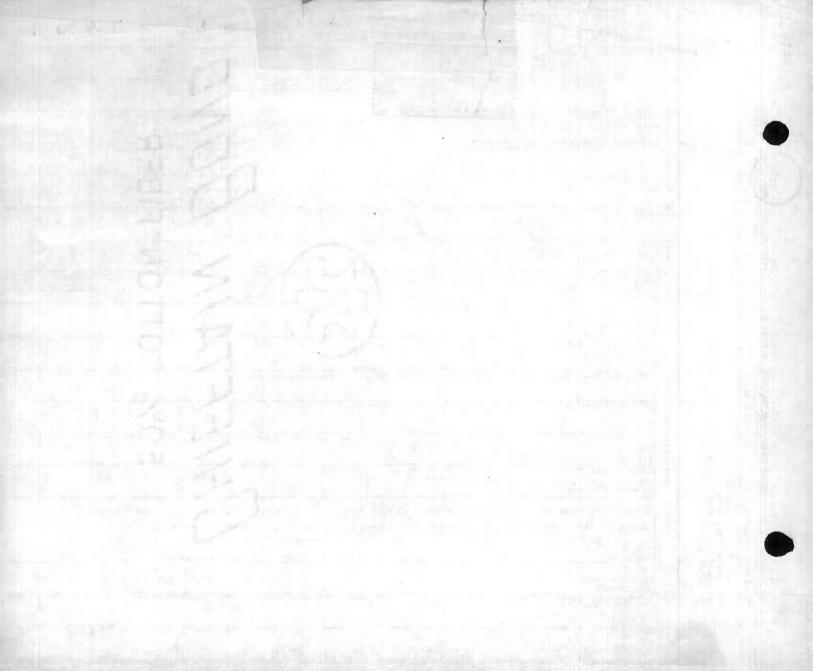
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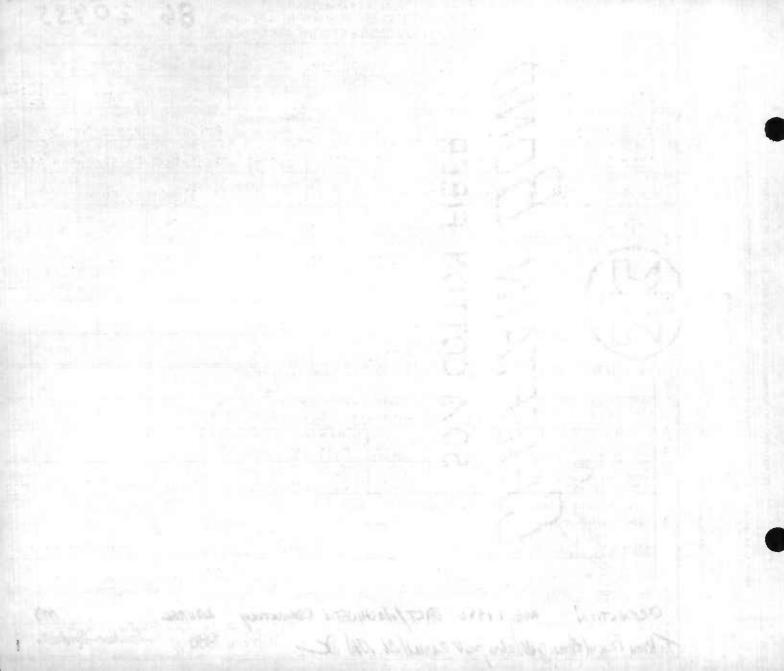
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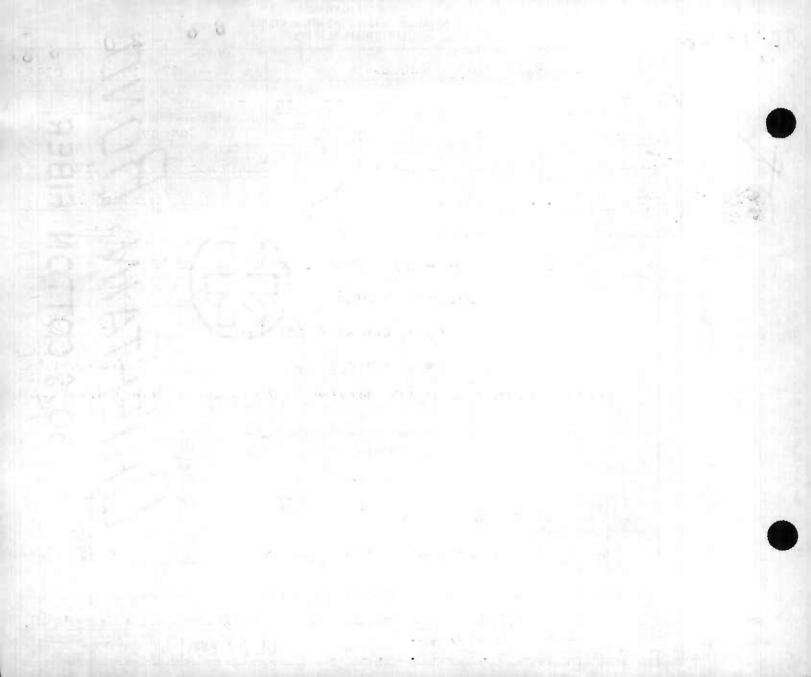
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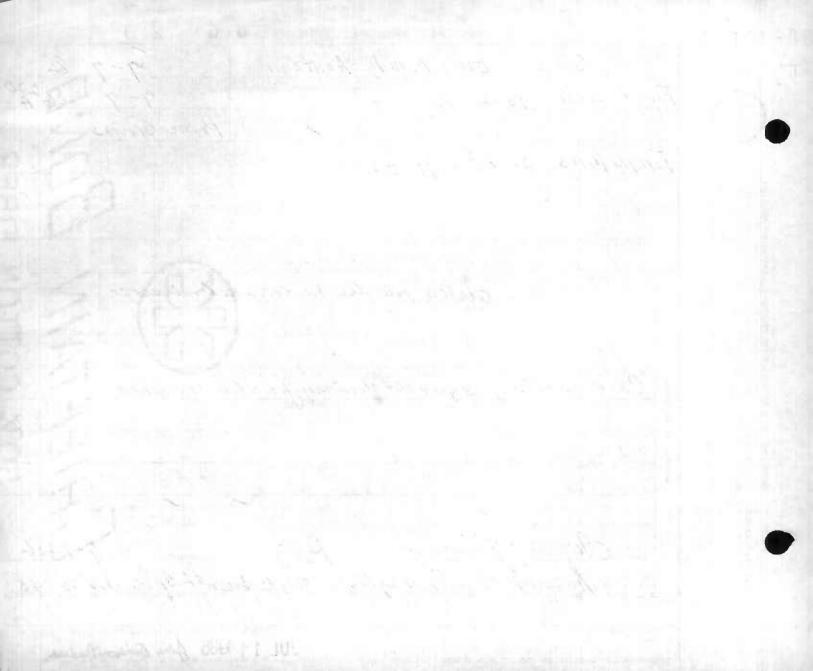
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) Walter R. Anderson DEATH MATED 7/30 1986 4. RACE & AGE LIN YEARS IF UNDER 24 HRS DATE PRONOUNCED White Mar. 8, 1907 79 Male DEAD 1086 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Germany U.S.A Prince George's County DIVORCED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Greater Laurel-Beltsville Hospital Electrical Engineering Aide Laurel -UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 6504 Alleghaney Avenue 13d. INSIDE CITY LIMITS? Prince George's Maryland Takoma Park NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE **Philippe** Andressohn Johanna 40 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIE YES GIVE WAR OR DATEST 061-05-3718 Alice Reed Anderson (Same as 13e. Yes Navv 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) large left subdural hematoma gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. several falls. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 7/11/86 Large left subdural hematoma YES 🔲 TIE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR ?and 7/9 CONTRIBUTING CAUSE OF DEATH 1986 Fell at home MD WHILE AT WORK Home Alleghaney Avenue, Takoma Park, Prince George 220 I certify that I taak charge of the remains described above, held an 04 14 death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) DATE SIGNED_ MD Deputy 8/21/86 MEDICAL EXAMINER 1919 Seminary Road
ADDRESS Silver Spring, Montgomery County, MD EXAMINER'S NAME John S. Rogers, M.D. TYPE OR PRINT) 23d LOCATION AUE. 1.1986 CREMATINY 07/84 **DHMH - 17** (VR A15 ME (5))



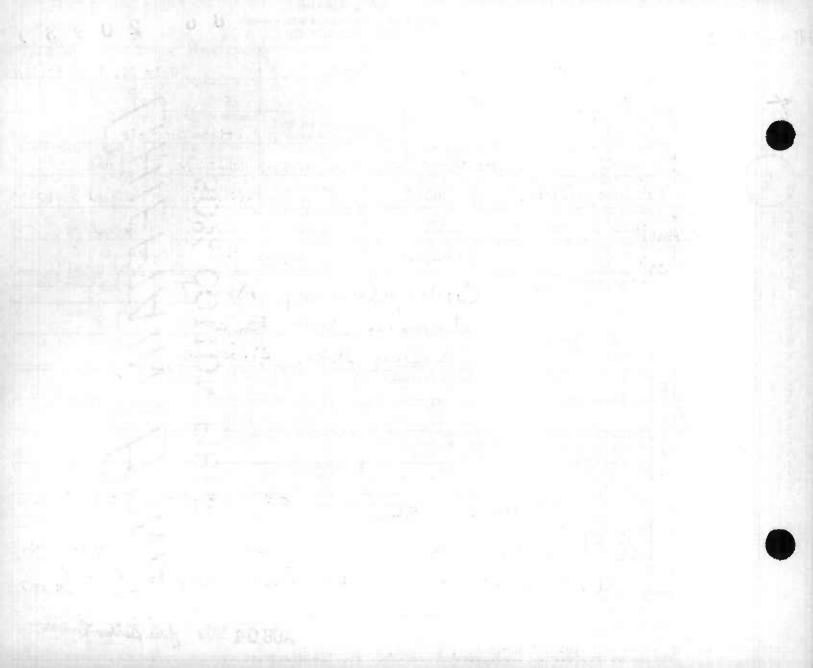


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAN DECEASED NAME 20. DATE KNOWN TE MONTH (THE OLPHNI) OF ESTI-DEATH MATED IF UNDER 24 HRS DATE LAST SIRTHDAY PRONOUNCED 10-13-DEAD 91 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Massachusetts U.S. DIVORCED [11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Practical Nurse In STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Temple Hills YES Pr. Geo. 3204 Cardiff Lane 20748 NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Theodore Codv Katherine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 531-20-6867 Ms. Margaret Thomas - Same as 18 CAUSE OF DEATH (Enter only one cause per ling for (g), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Texa printer Condinverseules IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19a DATE OF OPERATION 146 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted fram: Notural causes Homicide ___ Undetermined manner 231 NAME OF CEMETERY OR CREMATOR COUNTY STATE Removal 7-7-86 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Balto., Md. (VR A15 ME (5)) Anatomy Board



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MECO.	n for the permit	9	HCAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
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IVISION	offer this ce the this ce the buri	ded or the	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION	CITY OR TOWN	COUNTY STATE
•	ATTENDIN ciphol or ECTOR: At d for use of	m 21 s mo		220.1 certify tha (1) his hospi saw the deceased alive on abave (1)(we) (did) (did no	tal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		deoth accurred on the date and hou	
	PRAL OR by the h ERAL DIR e detache State Dep	ANT. II Be		276. SIGNATURE 272d. PHYSICIAN'S NAME ITYPE O	LL ma	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2//86
	TO FUN	MEORT		Rungled L	and man po	2 9440 Pen.		Uppertys/how
	BP		İ	URIAL, CREMATION, REMOVAL SPECIFY Burial		r Lady of Sorrows	Owensville A	A Md. STATE
	DHMH - 16 60M (VRA 15, 4			neral director C.A. Hardesty Ar	nnapolis Md. 214		UL 22 1986 guhan	RAR'S SIGNATURE

Film G629 itm 5,6 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7/2/87 ria - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS YERSTON STREET, Wilfredo Aviles DEATH MATED 7-3] 1986 YEAR O LAST ARTHOUN 4 RACE 1.0.30 IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTHS RONOUNCED 1986 October 4.197115 ILVRS Hispanic DEAD Male 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Virginia DIVORCED WIDOWED -Prince George's County, O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Student Prince George's General Hospital Cheverly SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20745 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Oxon Hill 1309 Dunwoody Avenue Maryland YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Pagan Aviles Mercedes 166. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1309 Dunwoody Avenue YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Oxon Hill, Maryland None Luis Aviles APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KK MONTH DAY YEAR UNDERLYING XXOR 7-31 1986 pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 3: 33P.M. 21d. INJURY OCCURRED 210 PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK AT WORK I-95 north of Rt. 210,0xon Hill, Prince road George's Co., Md. Autopsy XX. 174 I certify that I took charge of the remains described above; held on Inspection Undetermined manner Natural coupes in Homicide TITLE (SPECIFY) 8-1-86 Assistant Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8/4/86 Suitland Washington National Cem. 07/84 PERSONAL PLANTE STATE ST 25WA 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home Oxon Hill, Md. Desiderante (VR A15 ME (5))

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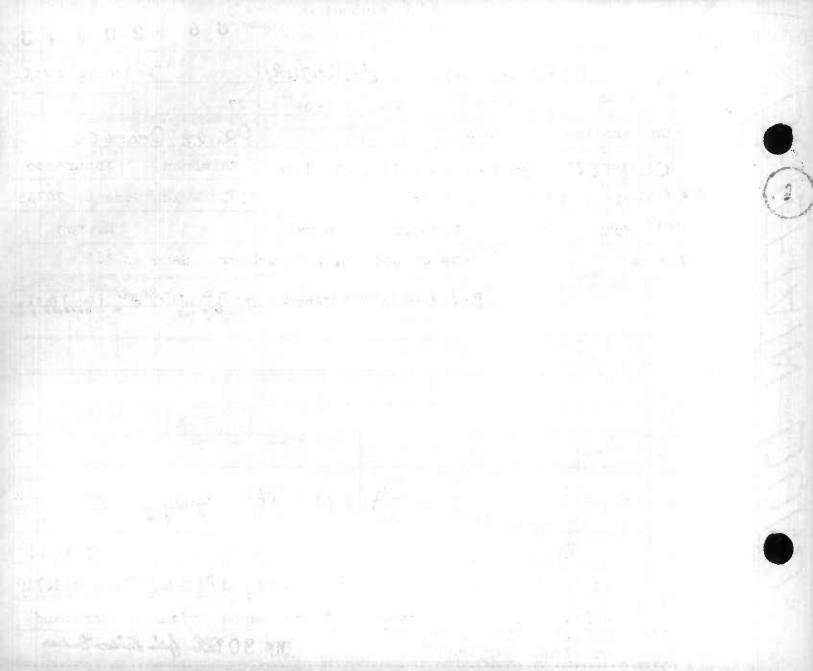
Secret E. dalus Augeral Home Crop Hill, Md.

	1	FOR		STATE OF MARYLAND	0 4	2 0 0 4 0
11994	1.	STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	2 0 9 4 4
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To do	Z SE	1./62	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS
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1/	5	South Carolina	U.S.A.	WIDOWED DIVORCED	Prince Geo	orge's M
11 007	10. €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
(A TC	Ft	Washington	Ft. Washingt		TELEPHONE	Oper Linio, Hoso.
143		AT RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13t. CITY O	E BEFORE ADMISSION)	13e.STREET ADDRESS / 3909 Ellis	ZIP CODE 20743
177	14. F/	THER'S NAME		15 MOTHER'S MAIDEN N	AME	
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00 100	16a \		RMED FORCES? 166 SOCIA	TO HANIE	ADDRE	
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the state of		AT WORK		and and	7/1	0/
4 6 5 6		22a. I certify that (I) (Mus-hosp	tal) attended the deceased	- W	, to	, 19_6, that (I) () las
0000		saw the deceased alive above, (I) (west (did) (we the bod after death.	and that in (my) (aur) apinion	n death accurred on the do	ite and hour and fram the causes stated
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7147		marous	Tune W	ATTENDING PHYSICIAN	MEDICAL STAF	IAN [] 1/6 100
1 1 1 1 1	1	224 PHYSICIAN'S NAME (THE	# FEINT)	22e ADDRESS	A	
O FUNERA hould be the No.		Michael D. I			anch Ave., C	linton, Md.
HOW B S	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
P		Burial	7/9/86	Arlington National C	em Arling	ton Virginia
H - 16 60M 7/84	24 F	UNERAL DIRECTOR	6	160 Oxon Hill Rd. 250. DA	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	G	eorge P. Kalas	Funeral Home	Oxon Hill Maryland	111 1 0 4000	21 54 100

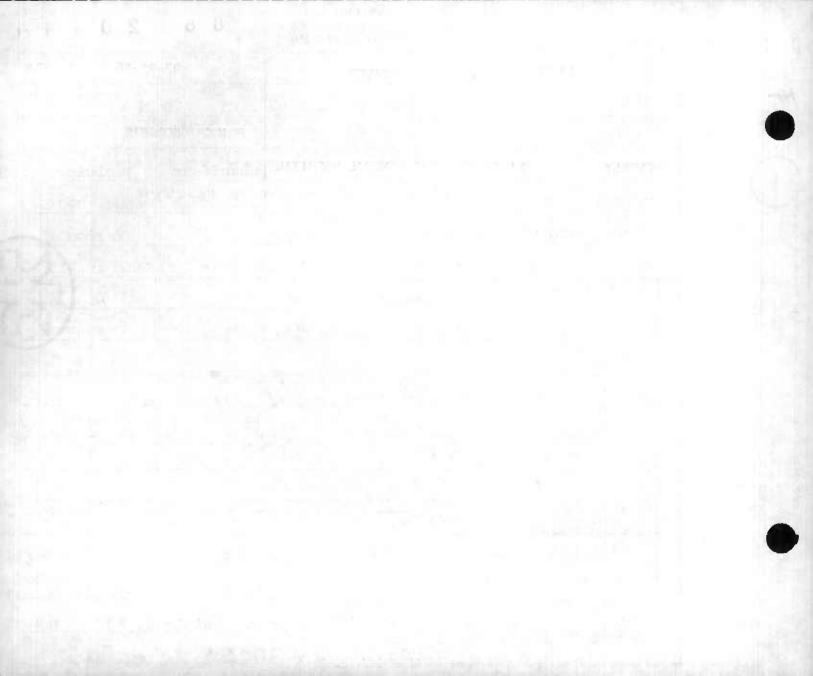
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je 4 moj je 7 moj je 7 moj	3. SE.	Male	4 RACE Wh:	ite	5 DATE C	12 1909 YEAR		(EARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
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AM(17) 24 hour	13n S M	aryland	NG HOME OR OTHER INSTITUTION TO BE COUNTY Pr Geo		E BEFORE ADMISSION)	136. INSIDE CITY LIMIT		ADWEST Choo	Street	20735
MARN led within	14 FA	Jöhn	C WIDDLE		bour	Lou'sia		MIDDLE	Bens	on
TIMORE, be execut	16a V	VAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)		01 0040	Ruby R E	Barbour	Same	as #13	
ibs, 201 W. PRESTON ST., quires that the death certifusion by the attending prhen please remove carbiting to buriol, cremation, or entiting, or other traumatic	NO	Canditions, if any, gove rise to imm cause (a), statine underlying cause	which (b)_nediate g the DUE TO, (OR AS A CON	SEQUENCE OF	TID ADO NOTA	6418	Tun	4//	y mos :
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DIV ATTENDING spirot or CTOR After for views of of Health o		22a.1 certify that (1)	(this hospital) attended t	-23	from	d that in (my) (aur) ap-	86, to_	July ed on the dose and t	. 19 86 , t	hat (I) (we) last auses stated
TALOR / RALORE RALORE of detached		226. SIGNATURE	Car gar ge	150		ATTENDIN PHYSICIA 22e ADDRESS	NG X MEDICAL AN DIRECTOR	STAFF PHYSICIAN	224. DATE S	14-86
TO HOSPIT retained by to FUNER should be with the St	22- (Kai-1	Y'u YEUNG,	ho	Laz. Maris Os C	8926 W		Rd # 2010	iliaton, 4	d 20735
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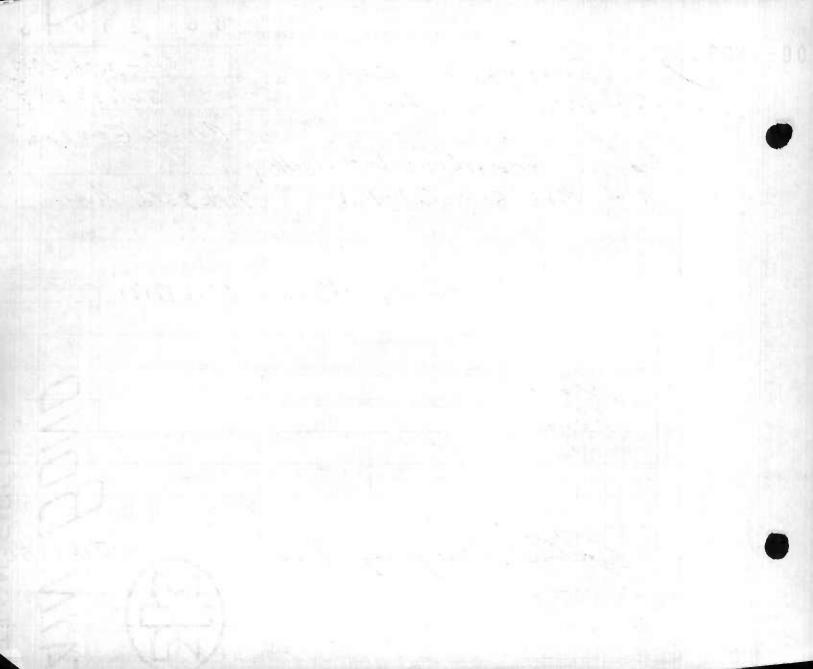


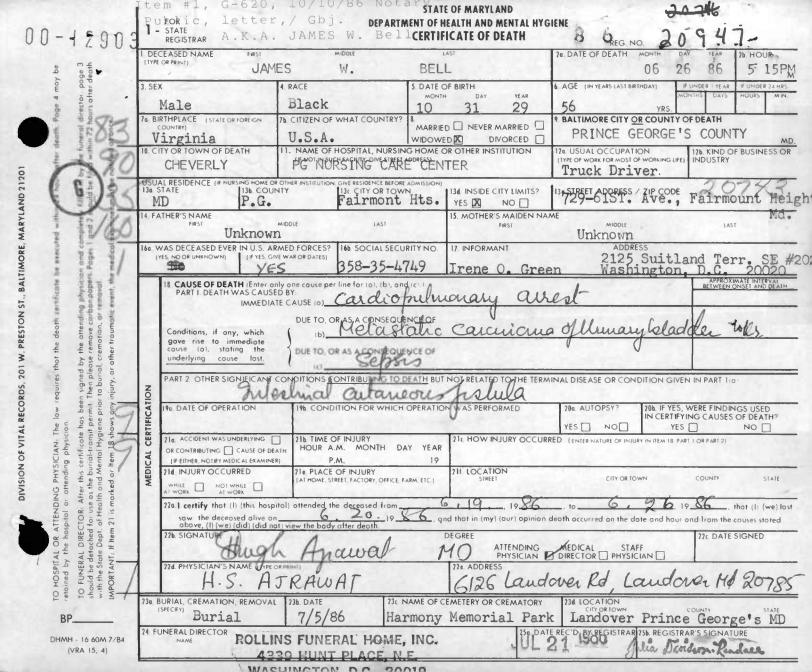
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SICIAN: The ng physicion. The principle had principle had principle had principle had principle had been all show them.		210. ACCIDENT WAS UND	phy or man	21b. TIME C HOUR A.	W. MONTH D	-1	21c. HOW INJU	URY OCCURR	YES C		YES [NO 🗌
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ATTENDIT hospitol or RECTOR Ad ed for use of pt of Healt		220 1 certify that (1) saw the decease above, (1) (we) (d		paten.		7 , or	d that in (my) (ur) pinian d	, to death occur	red on the date of	- 19-	d from the	that (I) We last causes stated
the of the between the Dill H H H I. If H		226. SICHAYORE	Var	is &		M	Pt Pt	TENDING A	MEDICA DIRECTO	L STAFF		22c. DATE	29/8G
O HOSPITAL eroined by 11 TO FUNERAL should be det with the Store MPORTANT.		PHYSICIAN'S NA	ME (TYPE S	DRIA.	NO J	R. A	22e ADDRESS	119	PIR	TOC N	HEI(1775 P	BLUP TOTA
BP	1	urial, cremation, p specify) Burial		23b. DATE	st86 C	edar	Hill C	Cemete	STY	Suitla	nd I	PG	STATE Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INE BOTHETOE :	E Wi	lhelm	Funeral Sui		d, Md.	AUG	OG N	REGISTRAR 25b.	REGISTRAR	'S SIGNAT	URE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN N P OP PRINTI OF ESTI-DEATH MATED 4 RACE IF UNDER 24 HRS DATE DAY YEAR RONOUNCED 13 10 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED DEVER MARRIED FOREIGN COUNTRY) US. Maryland WIDOWED DIVORCED 12ª USUAL OCCUPATION (TYPE OF WORK OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Printing Off. 13d. INSIDE CITY LIMITS? 4. FATHER'S NAME MIDDLE Behr Frances Casper Emge 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 1 (IF YES, GIVE WAR OR DATES) WWII 216-07-4953 Elinore Behr Sameas above 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION BE USED NI OF HE BURIAL, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOE YES 🗌 DEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 11 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on and in my opinion Natural couses K death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE CITY OF TOWN BP Burial Veterans Cemetery Cheltonham Prince George's 24 FUNERAL DIRECTOR ADAMA POWder Mill Rd. DHMH - 17 NAME Borgwardt Funeral Home (VR A15 ME (5)) Relt.sville guine Dands 20M 4/82





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BP.

DHMH - 16 60M 7/B (VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3.56	JEROM	E ANI	DREW BELL	OF BIRTH	JULY 2, 3		6:15 PA
	MALE	BLACK	4404		37	YRS.	DATS HOURS MIN.
	STATE OF FOREIGN COUNTRY) ASHINGTON, D.C.	U.S.		NEVER MARRIED DIVORCED	PRINCE GI		MD.
	EMPLE HILLS	(IF NOT IN SUC	HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS) ST. MORITZ D		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO ENTERTAINE!	ORKING LIFE) INDL	IND OF BUSINESS OR USTRY TERTAINMENT
130.	1.50		GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN TEMPLE HILLS	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI 5966 ST. MO		VE 20748
14 F	ATHER'S NAME FIRST FRANK	WIDDLE	BELL LAST	IS MOTHER'S MAIDEN NA ROSA	ME MIDDLE	PENTLE	TON LAST
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C)	RMED FORCES?	166 SOCIAL SECURITY NO 577-66-3925		ADDRESS SISTER, SAMI		M #13
	IMMED!	ATE CAUSE (a)	androquel	aros con like	10-7		
ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OF	RAS A CONSEQUENCE OF	NUME TO THE TERM	Chicago &	TION GIVEN IN P.	ART 110
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse to , stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OI DUE TO, OI CONDITIONS CO	R AS A CONSEQUENCE OF	DI NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR	Alval Disease OPCONDIT	N CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DUE TO, OF TO THE TO TH	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF MITIBUTING TO DEATH BI ITION FOR WHICH OPERAT IF INJURY M. MONTH DAY YEA M. 15 OF INJURY OF INJURY REET FACTORY, OFFICE FARM, ETC.)	IN WAS PERFORMED 21c. HOW INJURY OCCUR 21t. LOCATION STREET	200 AUTOPSY? YES NO NIER NATURE OF INJURY IN CITY OR TOWN	N CERTIFÝING C YES NITEM 18 PART I OR P	AUSES OF DEATH? NO ART 2) NIY STATE
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23b. DATE July

25, 1986

833 South 6th Street, Hartsville, SC 29550

23e BURIAL CREMATION REMOVAL

- 16 60M 7/84

(VRA 15, 4)

Burial

24 FUNERAL DIRECTOR Hines Funeral HOme

FOR

STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

Greenlawn Cemetery

Hartsville, South Carolina 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Fithe Davidson Mandales

22c. DATE SIGNED

7/22/86

1986

IF UNDER ! YEAR

INDUSTRY

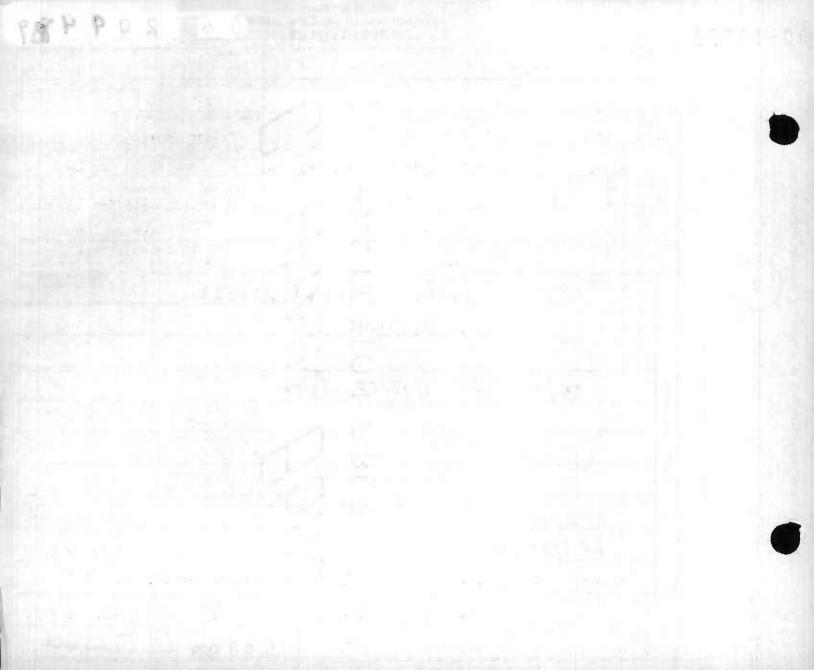
HOUR5

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Own home

23d. LOCATION



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0 1	0		CEASED NAME	FIRST	PUT LOS	WIDDIE		LAST	20	DATE KNOW	NN N MONTH	DAY YE	AR 26. HOUR
	24 of 14 12 15		TE OK PRINTS	TERRY	ALT	A	BER	RY		OF ESTI		18 1986	5 M
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•	9358	/	Maryla	and	US	i A	WIDOW	ED DIVOR	CED D	rince (George !	s Coun	tv. MD.
	発生の日本	10.0	ITY OR TOWN	OF DEATH	LIE NOT IN SUCH E	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)			12a USUAL	OCCUPATION	N LTYPE OF WORK	12b KIND OI OR INDI	BUSINESS
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9	Towns !	7 H.F	ATHER'S NAME		MIDDLE	1241	1-3	15 MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
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- 2	N N N N N N N N N N N N N N N N N N N		III CAUSE OF	F DEATH (Enter onl	y one couse per line	e for (o), (b), and (c).)						APPROXI BETWEEN C	MATE INTERVAL
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201	ON A EXE		7,7,7		(c)							3 ()	1000
DIVISION OF VITAL RECORDS.	ULD BE EXECUTED "PENDING" IN PR FE MEDICAL EXAN SED AS A BURIAL- HEALTH AND MEI AL, CREMATION, (NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATN	RUI HOI RELATED TO THE TER	MINAL DISEASI	E DR CONOITION GIVEN IN	PART Lia		LIN		
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20	CERTIFICATE TITING THE W DED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO B	1 3	UNDERLYING CONTRIBUTIN	OR CAUSE OF D									
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	AND THE LANGE		death resulte	~ //	o rouses D		vicide			ined manner	<u> </u>	эршон	
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	FTHE CERT SHOULD BE EATH, WITH ORE, MARY		ACTUAL SIGNATURE	MXI	unc	Ull in	AA	p. Chief	MEDICA	LEXAMINER	DATI	7/19	/86
	SEA SEA	7		1100	V	"	, , , , , , , , , , , , , , , , , , ,		MEDICA	LEXAMINER	3101	VEU - 17 - 2	7 0 0
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALTWORE, MARYLAND, 21201 P		(TYPE OR PRIN	John F	. Smiale	k. M.D.	100	ADDRESS 111	Penn St	., Bal	timore	, Md. 2	21201.
	53×54×	73 a. E		ION, REMOVAL 2	3b DATE	122. NAME OF CE	METERY	D CDEMATORY	1234 LOCA	TION			
07/84			Bul	rial	7/23/86	Trinit	y Me	m Garder	ns Wal	dorf,	Charl	Les, M	arylan
25M	DHMH - 17		UNERAL DIRECT		ADDRESS	- O. Hox	156	25a DATE	E REC'D. BY RE	GISTRAR 756.	REGISTRAR'S	SIGNATURE	
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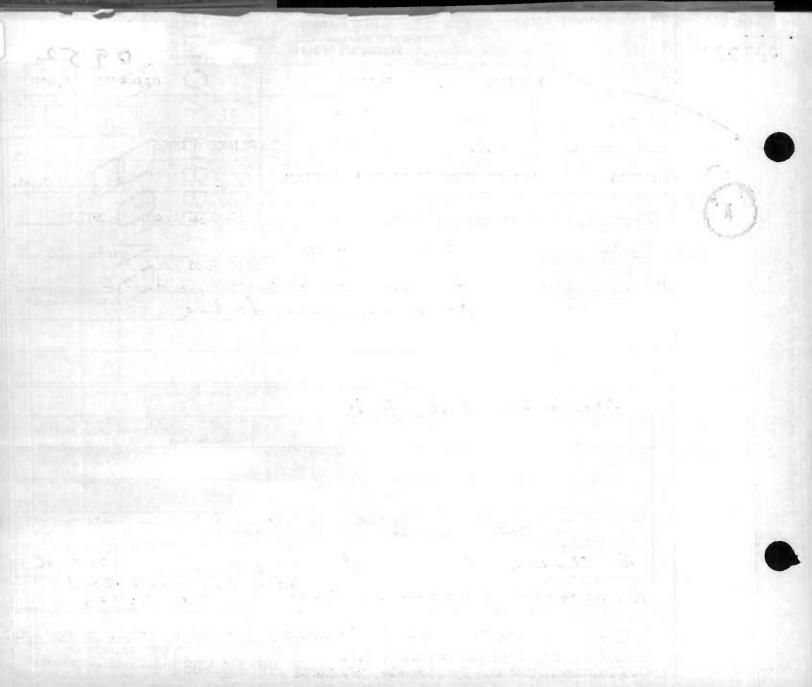
STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

86	209	5	2
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	1-	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	REG. NO	86	20	952
		CEASED NAME FIRST T	HURLOW	W.	BLA	CK	20 DATE OF DEATH	07/05	/86	2. 40P
+	1	Male	A RACE Caucasi	an	5. DATE O	DF BIRTH 11-1909 YEAR	6. AGE IN YEARS LAST BIRTI	YRS	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	We	RTHPLACE ISTATE OR FOREIGN COUNTRY Virginia	U.S.A		WIDOW		PRINCE GEOR	COUNTY OF	DEATH	MD.
9	CHE	TY OR TOWN OF DEATH	PR INCE SUG	EORGES	GENER	AL HOSPITAL	170. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Engineer	WORKING LIFE)	NDUSTRY	Air Cond.
3	130 S Mar		NIY	GIVE RESIDENCE BEFORE 136. CITY OR TOW 2 S Cheve	N	136 INSIDE CITY LIMITS?	3116 63rd A		2078	35
1	7	Charles	MIDDLE	Black		Flossie	WE	Gı	imm	л
1			VE WAR OR DATES)	233-01-6		Eulala Black	3116 63rdorA		'85	
		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OF	Candi R AS A CONSEQUE	ENCE OF	pirchang	Farlie		ocivego.	MAIÉ INTERVAL ONSEI AND DEATH
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1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN G CAUSES]	OF DEATH?
1	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A./	M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
	MED	21d INJURY OCCURRED	21e PLACE (OF INJURY BET, FACTORY, OFFICE F	ARM ETC)	ZII LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
-		27d. PHYSICIAN'S NAME (TYPE C	7-5 It) view the body of the present of the presen	ofter death.		DEGREE ATTENDING PHYSICIAN 5	to 7-5 death accurred on the dat MEDICAL STAFF DIRECTOR □ PHYSICI	an 🗌		SIGNED
	20.0	Ramcoomo				D. College 1	ok. ma.	207	140	
	230 B	Burial, CREMATION, REMOVAL	7-9-86			emetery or crematory	23d. LOCATION CITY OR TOWN Brentwood		VINITY	STATE MA

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Francis Gasch's Sons FuneradesHome, P.A.
4739 Baltimore Avenue Hyattsville, Md. 2078



Suitland, Md.

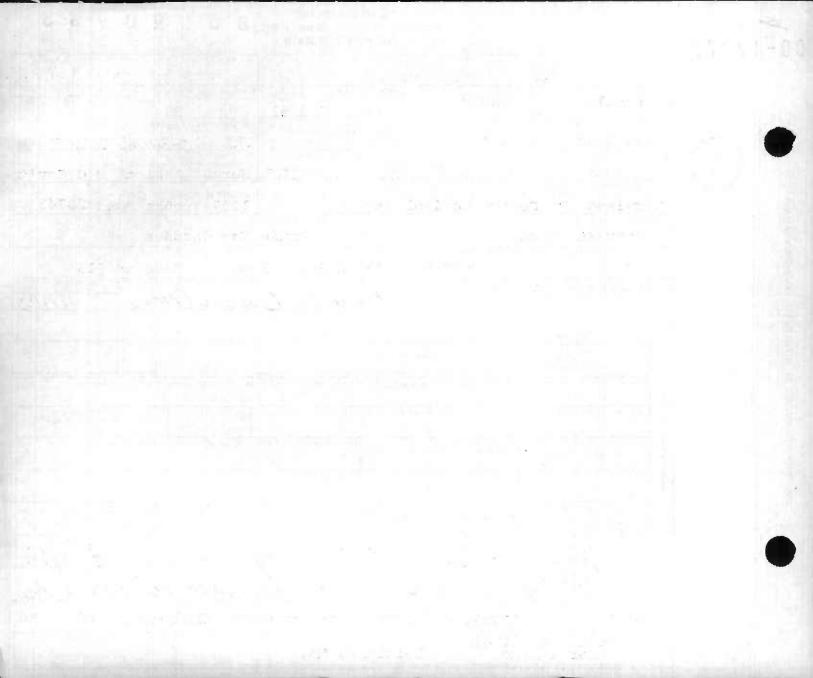
STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

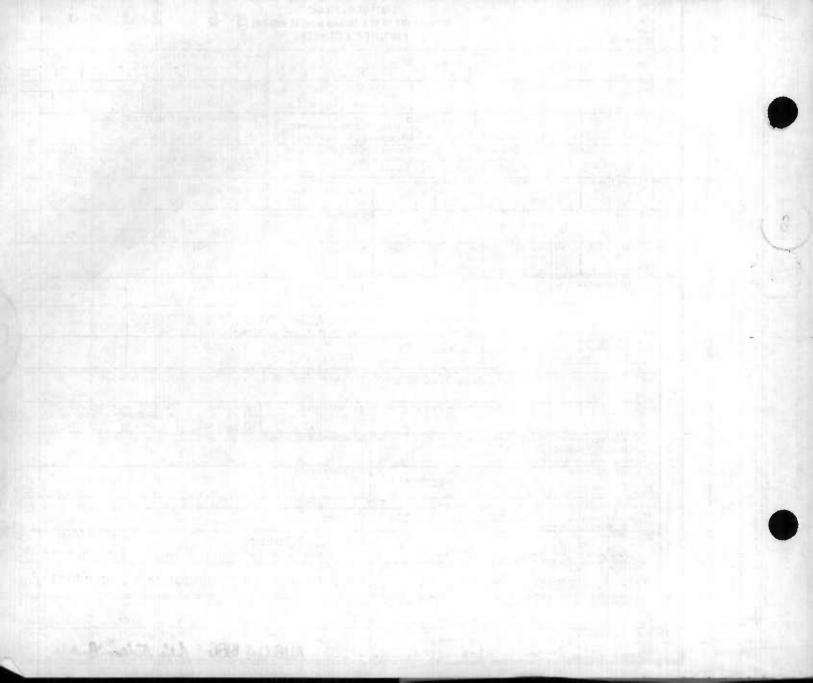
200 B, all a

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERALD ROBert E Wilhelm

Funeral Home



STATE OF MARYLAND reversed in the DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 9/8/86 (TYPE OR PRINT) ARTHUR LEF BOONE 28 1986 JUL 4:47pm 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOUR5 January 2, 1914 72 Male Caucasian To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Georgia United States Prince George's WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Malcolm Grow Medical Center TYPE OF WORK FOR MOST OF WORKING LIFE Mechanic INDUSTRY Camp Springs Automobile USUAL RESIDENCE, LE NURS INCHEME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE NOTE 1136 CITY OR TOWN
CAROLINA MOORE
130 Yace Route 2, Box 124 A / 28394 13d. INSIDE CITY LIMITS? Vass NO IX FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Esther (Unavailable) Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS WW II 242-54-8267 Margie H. Boone, Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: RESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF METASTATIC PROSTATE CARCINOMA Canditians, if any, which rostate Larcinoma gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG IFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK 220.1 certify that XX (this haspital) attended the deceased from 28 saw the deceased alive an 28 TIIT above, (Www) (did) (declare) view the bady after death 226 SIGNATUR DEGREE 22c DATE SIGNED Med Intern STAFF PHYSICIAN DIRECTOR PHYSICIAN 28 JUL 86 22d. PHYSICIAN'S NAM MALCOLM GROW USAF MEDCEN AAFB, MD 20331 PETER F. DEMITRY, CPT, USAF MC 230 BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) July Fort Bragg Post Cemetery CITY OF TOWN Burial Fort Bragg, North Carolina 24 FUNERAL DIRECTOR Metropolitan Funeral Service Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) 5517 Vine Street Alexandria, Va. 22310 ulia Devidera.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 20955

REGISTRAR							REG. NO.							
		EASED NAME FIRST OR PRINT) ANN		AIDDLE	£/	BOSKO	20. DATE O	FDEATH N	7	15	VEAR 86	26 HOU	15AM	
	1. SEX 4. RACE					F BIRTH	6 AGE IN	YEARS LAST BIRTH	1DAY]	MONTHS	RIYEAR	HOURS	R 24 HRS	
	F	Female Caucasian				7 8,1894 YEAR	92		YRS.			HOOKS	tarline.	
4		THPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED		RE CITY OR						
)		Pennsylvania	USA		WIDOWE	DIVORCED	PRIN	CE GEC	RGE				MD.	
1	10 CI1	CHEVERLY			G HOME OR OTHER INSTITUTION ADDRESS HAL HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE .					LIFE) IND	12b. KIND OF BUSINESS OR INDUSTRY Home			
5	130 S	Maryland Pri	111	130. CITY OR TOWN	N .		67	ADDRESS /			20	74	14	
p.	14 FA	THER'S NAME FIRST John	MIDDIE	oruggan		15. MOTHER'S MAIDEN NAME FIRST MIDDLE MARY						avsk	У	
ï		(IF YES, GI	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	SS					
1		IO N/A	VE WAR OR DATES!	206 42	2 2332 Olga Collin same as #13									
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7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHIE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	R) P.	M. MONTH DA	19	211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) CITY OR TOWN COUNTY				STATE			
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1		BARRY ROSENB		MD (6501 LANDOVE	R RD C	HEVERL		207	185			
	230 B	Burial Cremation, Removal Burial Town	July 19			ela Cemetery		mongal					riæ	
1	24 FU	UNERAL DIRECTOR Arli	ngton, Va	1. ADDRESS		250. DA	TE REC'D. BY	REGISTRAR		ISTRAR'S			0	

DHMH - 16 60M 7/84 (VRA 15, 4)

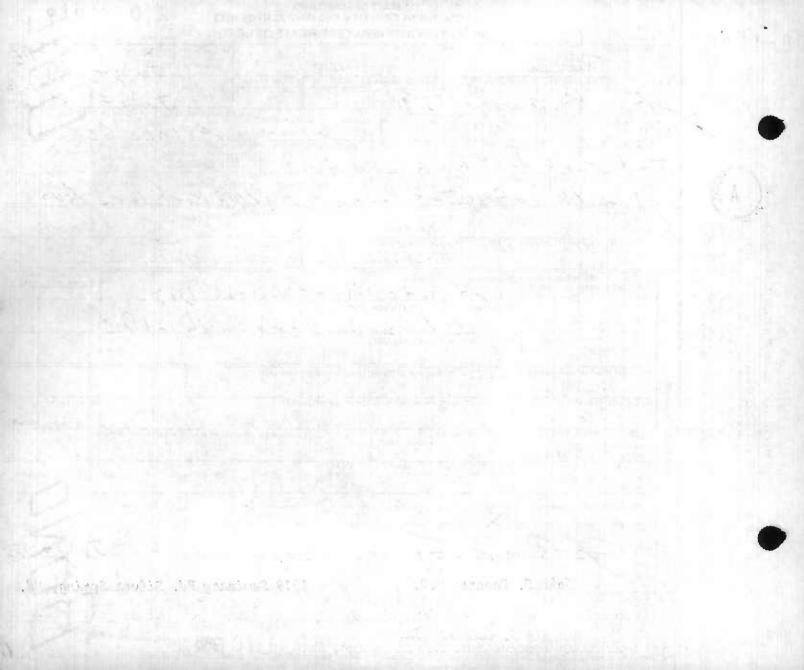
O FUNERAL DIRECTOR:

MPORTANT: If them 21 is marked or Item

FOR - STATE

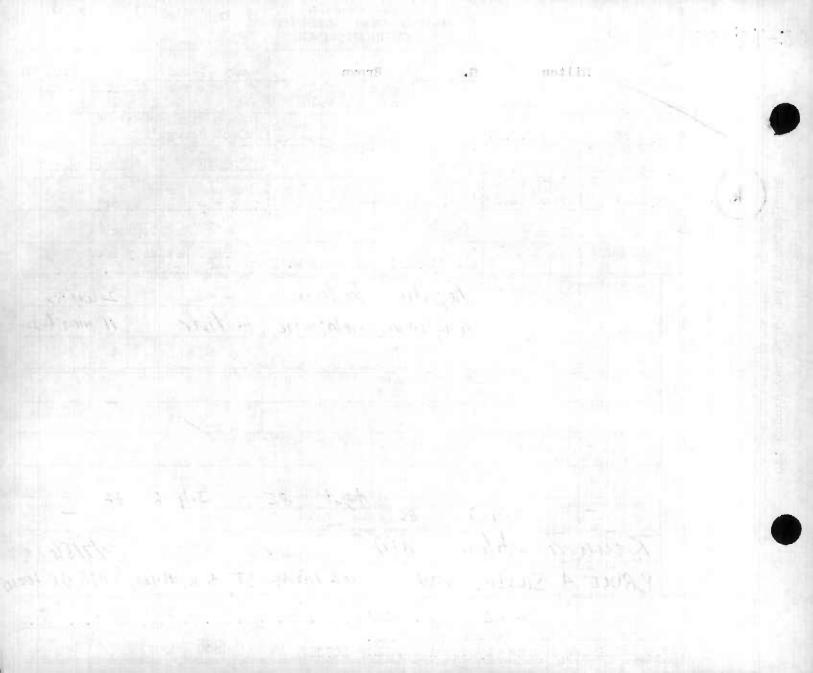
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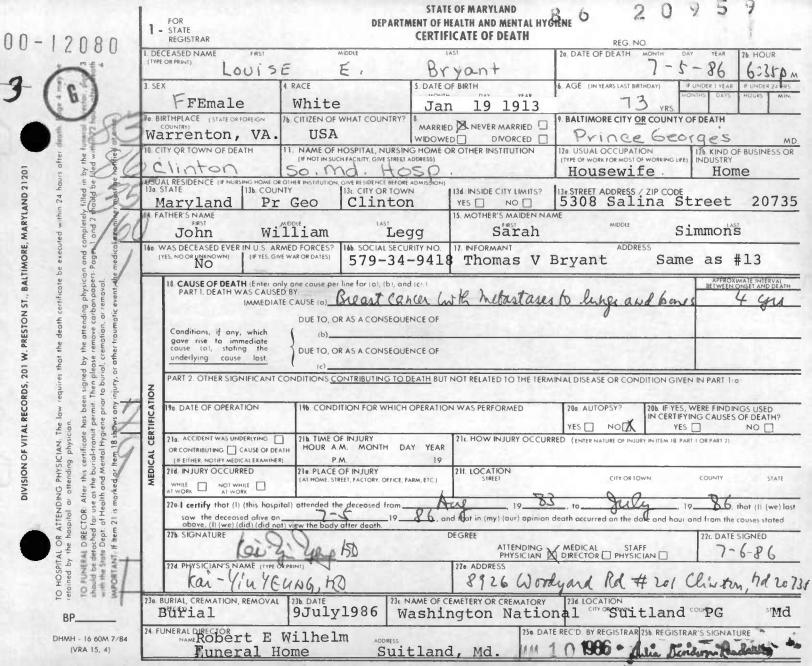
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	1	- STATE			ER'S CERTIFICAT		TLI		7
00-12001	6 1.0	REGISTRAR ECEASED NAME FIRST		MIDDLE	LAST		REG. NO		YEAR 26. HOUR
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THE REAL PROPERTY.	12/	BIRTHPLACE . ISTANIE CH	76. CITIZEN OF WH		8. MARRIED NEVER	MARRIED 7	BALTIMORE CITY OF	COUNTY OF DEA	ATH
THE STATE OF THE S	10 14	aly	USA		-	VORCED	AVINE	e Gen	VGC MD.
1111	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	, OR OTHER INSTITUTION	FORMO	ST OF WORKING LIFE)	OF WORK 12b. KIND OR IN	OF BUSINESS
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(a a a a a a a a a a a a a a a a a a a		JAL RESIDENCE (IF IN NURSING HOME OF STATE 1136, COUN		136 CITY OR TOWN	1134 THISTOF CITY LIA	MITS? 13e STREE	T ADDRESS	, ,	20912
S(\$ 4 \$)	0	ML Bin	ce George	Wak Pa	VE YES N		7 Kirk	and 1	Iva
9 000		FATHER'S NAME	MIDDLE .	a LAST a .	FIRST	MAIDEN NAME	MIDDLE	LAS	т
A. A	-	Carmelo		Scoglio	Nancy			2000	5
BALTIMORE, MD. 2120 RS. AFFER DEATH # AN GNE PAGES WITH FORM, FI PAGES 1 AND SHOOL WISSON OF SWEET	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT			ADDRESS	C	12
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8 000 N N N N N N N N N N N N N N N N N		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE		for (a), (b), and (c).)	10	1 .	1 60	BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
NS 24 H			TE CAUSE (0)	cutc	Mysca	2×012	(Des.		
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. > = = ~ = 5		gave rise to immediate cause (a) stating the under-		AS A CONSEQUENCE	nelly	1000	12/12/	010	
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m 0- 4-	ż	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	FN IN PART 1 (a)			
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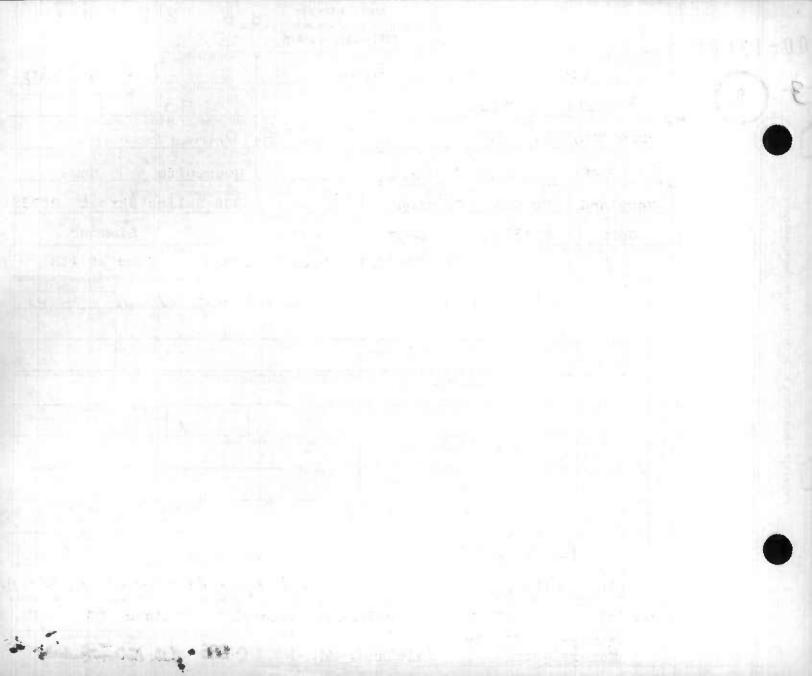


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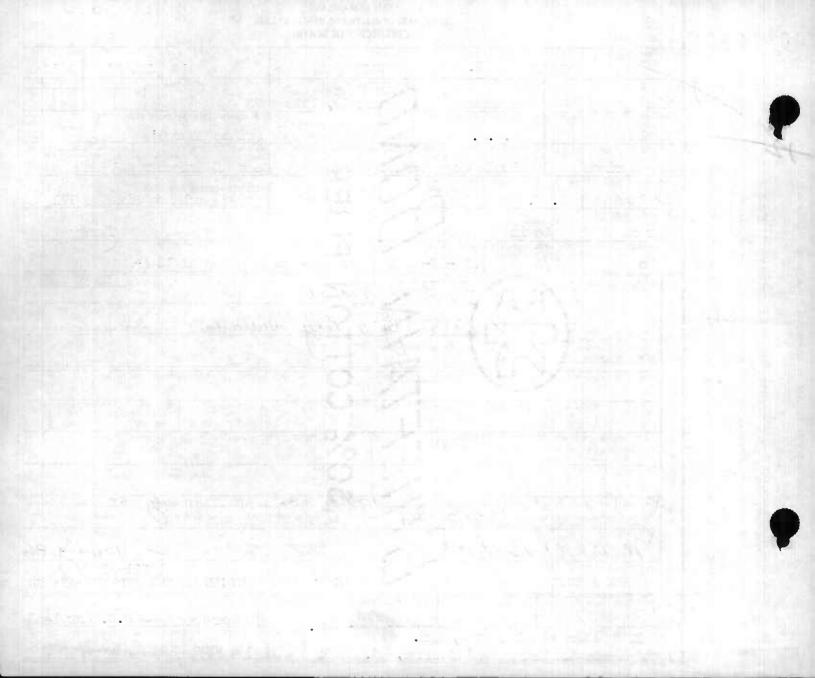




6613 Old Alexander Ferry Road Clinton, Md. 20735

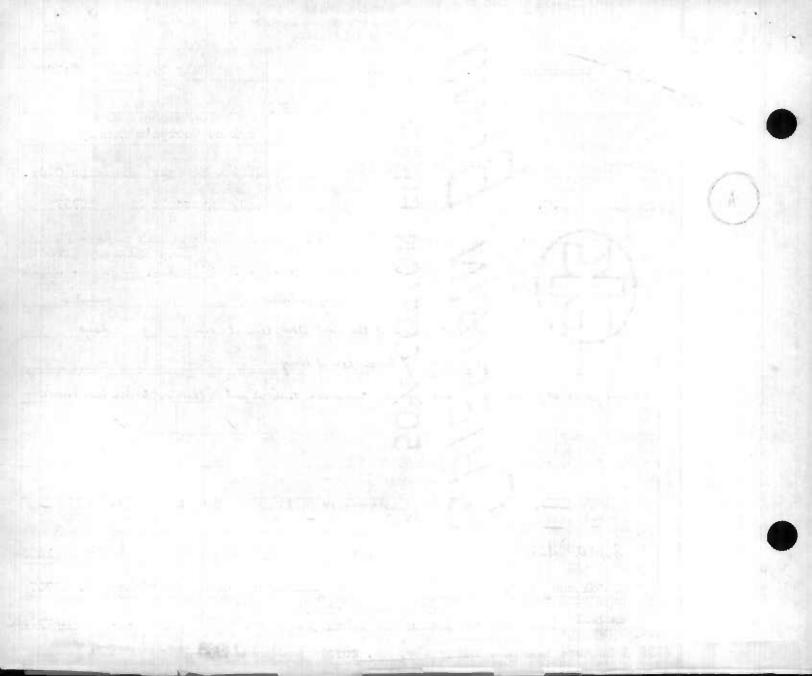
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Julia Davidson

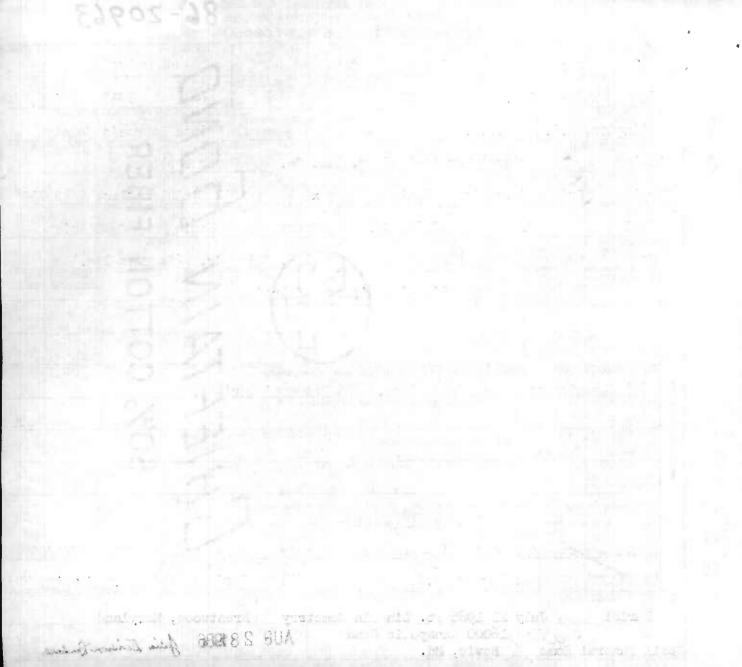


SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 1/2 DATE 1/2 DEATH MATED 1	7 0
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William M. Burton Wadge Ho Was Deceased ever in u.s. Armed Forces? (If ves, Kol, OR UNKNOWN) William M. Burton 106. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO. OR UNKNOWN) AND PROPERTY OF THE PROPERTY OF T	Rtual Boxila8
18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), ond (c), ond	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH (Enter only one cause per line lar (a), (b), and (c),	WEINT CHART PIND CEATH
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22a I certify that I took charge af the remains described above, held an Autopsy X. Inspection . Inquiry . ond in	n my apinion
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	
TITLE (SPECIFY)	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 7/28/86
EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn St. Balto.M	D.
23 & DATE 236 NAME OF CEMETERY OR CREMATORY 138 LOCATION	
07/84 BP Burial 8-2-86 Burton Cemetery Fuguary-Vari	na, N.C.
25M DHMH 17 24 FUNERAL DIRECTOR DOUGLASS 1750. DATE REC'D. BY REGISTRAR 1756 REGISTR	RAR'S SIGNATURE
(VR ATS ME (5)) Carlton 1701 712 Cullof F. JUL 30 1936 Suna Day	ridson hondall

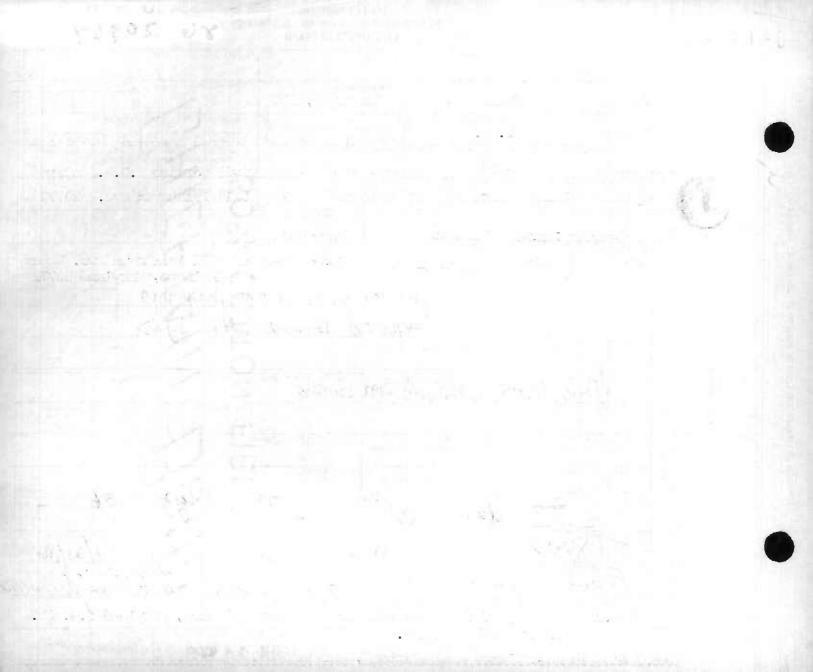
THE PERSON NAMED IN COLUMN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) Joseph Cain Paul DEATH MATED 19 86 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. LE LINDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 9:30 White Dec. 12, 1960 Male DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED X Washington, D.C. U.S.A. Prince George's County DIVORCED IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Lanham Hospital of Pr. Geo. Co. Never employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 4011 Nicholas Place 13d INSIDE CITY LIMITS? Prince George's Marylnd Bowie 20716 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Paul O'Brien Cain, Jr. Nancy Marie 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES NO OR UNKNOWN) LIFYES GIVE WAR OR DATES! 217-84-8968 No Paul K. Cain, Jr. (Same as 13e.) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Demyelinating disease of brain. DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. (1) Chronic past heavy drug abuse. 19a DATE OF OPERATION 20 AUTOPSY? None YES NO X 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 71e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 27a. I certify that I took charge of the remains described above, held an PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLAN death resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNED M.D. Deputy 8/21/86 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, MD (TYPE OR PRINT) 730 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 736 NAME OF CEMETERY OR CREMATORY Burial July 21 1986 Ft. Lincoln Cemetery Brentwood 07/84 aNA6000 Annapolis Road **DHMH - 17** (VR A15 ME (5)) Beall Funeral Home Bowie. Md.



3			STATE OF MARYLAND	101	
00=13199	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	BIENED	20964
00-13144	REGISTRAR 1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NU.	DAY YEAR 126 HOUR
be 3	(TYPE OR PRINT)	M CADDACT			3-86 12:35pm
and de la constant de	3. SEX	M CARDACI	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
s ofte	Female	White	January 9,1910	76 YRS.	MONTHS DAYS HOURS MIN.
1 11/19	To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 1 1	Georga	U.SA.	WIDOWED TO DIVORCED	PRINCE GEORGE	
118/	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION T ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIF	12b. KIND OF BUSINESS OR E) INDUSTRY
5 2	CLINTON	SOUTHERN MAR		Civil Service E.	F.A. Retired
IND Z	Maryland Pri	or other institution, give residence before the control of the con	Marl Offs No A	139211 FRISHAVER	Ave. 20772
ARYLAND Pierud	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
omplomed w		McLendon	Mary Todd		
MORE and c Pages	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC DIE AR OR DATES) 094-05-8	Joseph Car	daci 9211 Fairhav	
BALTI cate b ropers. ovol.	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), a	nd (c).)	Marlboro, Ma	BETWEEN ONSET AND DEATH
d ST.,		ATE CAUSE (a)	VENMOZITIS CAPI	my pusitonit	
PRESTON ne death c ne ottendir motion, cort	Candidan Many List	DUE TO, OR AS A CONSEQ	VILLIMEN TOWNSE	Detic Symp	VALUE OF THE REAL PROPERTY.
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S, 20 sires t gned en ple burio iry. or		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIV	EN IN PART Tra
RECORD	\$ A Newson	enone candiava	HUMAL CHIEASE		
L REC	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \)
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SKCIAI Bental Item	OR CONTRIBUTING CAUSE OF I	DEATH	DAY YEAR		
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the of the part of	- XW	7	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/21/86
OSFIT	226 PHYSHEIAN S NAME (1)	OK MINIT	22e ADDRESS	, m).	2074-4
THOSE STATES	TRANK	RYAN	7401. I	NDIAN HD HI	BHWAY OKONHILL
75 - 23 - 23	230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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DHMH - 16 60M 7/84	NAME	Funeral Home In		TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	6633 old Alexand	er Ferry Road Cl	inton Maryland	17354 1988 Authoriti	In terms



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) John Carlow DEATH MATED 4 RACE 6. AGE (IN YEARS 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUN White Male Apr. 26, 1921 65 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County New York USA DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 1200 Parkington Lane Bowie Retired US Air Force USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 1200 Parkington Lane 13a STATE 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN Prince George's Maryland Bowie 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Carlow Elizabeth O'Connor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 INFORMANT ADDRESS DIVISION WW II & Korea 065-14-3293 Ruth I Carlow same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which carcinoma of the lung. 4 months gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? None YES [] NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN STATE H, WITH THE STAND, STAN 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Natural causes Hamicide Undetermined monner TITLE (SPECIFY) DATE Deputy SIGNATURE 1919 Seminary Road SIGNED John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY July 21 1986 Md. Veterans Cemetery Cheltenham, Maryland 07/84 25M 250. DATE RECED BY RECESTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1/16000 Annapolis Road **DHMH - 17** Bowie, Maryland Home (VR A15 ME (5))

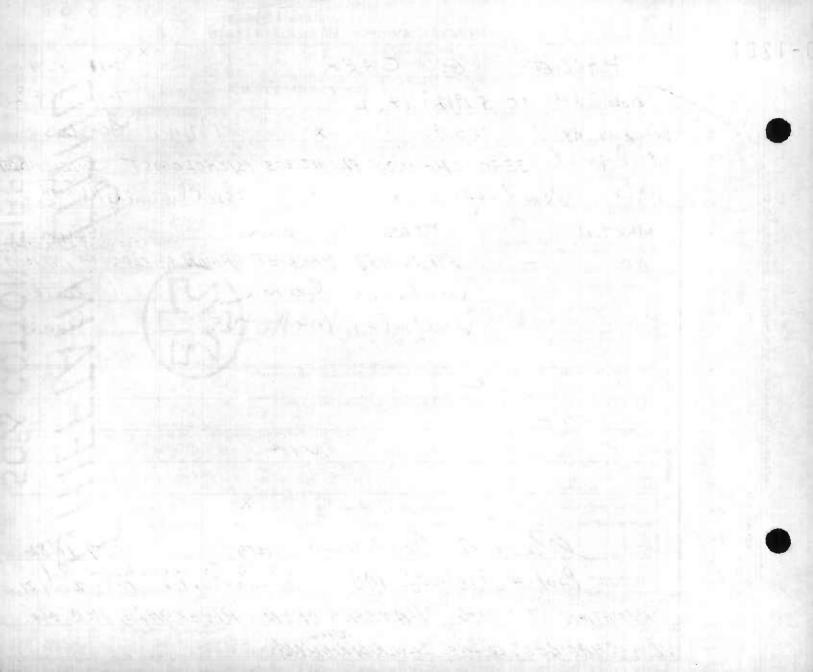
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	_	ME WOLLS		death resulted from: Natural causes 🔼 . Accident 🔲 . Suicide 🔲 . Homisade 🔲 . Undetermined monner 🔲 .	
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	25M	DHMH - 17	24 FI	INERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	'S SIGNATURE
		(VR A15 ME (5))	In	W. CHAMBERS CO INC. SILVER SPRING MADE 6 1986	by Marille
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-11202	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HEAL CERTIFICATE OF DEATH	REG. NO.	9 6 /
oge 3		CEASED NAME FIRST	MIDDLE	CARROLL	20. DATE OF DEATH MONTH	19 86 8 A
ge 4 may	3. SE	x MALE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
Seath. Po	70. 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
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BALTIMORE, sole be executioned by skicton and coppers. Pages 1 val. t, the medical		MAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	URITY NO. 17. INFORMANT	ADDRESS	
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SPITAL OR AT and by the hosp UNERAL DIREC 15 detoched he State Doch of RTANT: If them		22d. PHYSICIAN'S NAME (TYPE	1. Wy	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/19/16
TO HOSPITAL retoined by H TO FUNERAL should be det with the State		S Wries	R, mo	PRINCE CORG	shew. IDSP. CHE	veely, mi)
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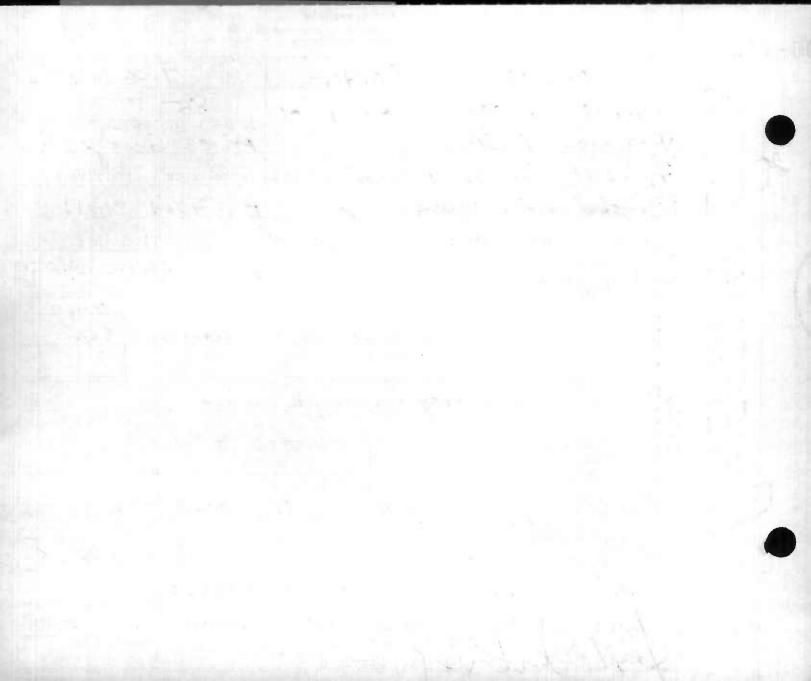
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE FOR - STATE CERTIFICATE OF DEATH Ethel REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTE Ethel CARROLL July 29. 1986 12:50p S. & AGE LIN YEARS LAST BIRTHDAY 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 21 MPS Female MONTH White April 16. 1894 THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Indiana USA Prince-Georges CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Hvattsville Sacred Heart Home. Inc. Homemaker AL RESIDENCE (IF NURSING HOW OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 3133 Connecticut Avenue N.W Washington DO 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Martin Shad Schad Reising P. Catherine 17 INFORMANT Daughter ADDRESS 3803 Raymond Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Chevy Chase, Md. 579-60-7570 Nancy C. Conley 20815 IB CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY muns IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse PART 2 OTHER SIGNIEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FRMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 27s I certify that (I have hospital attended the deceased from. glove, (I) (and (different the , and that in (my) (and) opinion death of the date and hour and from the causes stated DEGREE DATE SIGNED ATTENDING PHYSICIAN V DIRECTOR PHYSICIAN 22e ADDRESS John F. Brennan, Jr., M.D. 3415 Hamilton Street Hyattsville. Maryland 230 BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Aug. 1.1986 Arlington National Arlington 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATUR Francis J. Collinsopre Jr. - 16 60M 7/B4 (VRA 15, 4) 500 University Blvd. W. Silver Spring.

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dover, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



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	page 3		CEASED NAME FIRST OR PRINT) EMIL	LY	CHESTNUT	2a. D	ATE OF DEATH A	07-04-86	
		3. SE	(4 RACE	5. DATE OF BIRTH	6. AC	GE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
	ge 4 ector, rs oft	Fe	male	Black	April 2, 19	929 57		YRS.	ATS MOOKS MIN.
	eath. Po	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAR	RRIED 2 PE	RINCE GEOF	COUNTY OF DEAT	MD.
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60	in the filled in thould be	13a. S	I.D. Prin	prother institution, give residence befounty 13t. CITY OR TO	VN 113d INSIDE CITY	0 □ 46	STREET ADDRESS 28 Davis	Avenue	20746
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TIMORE,	be execut	1	VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? SIVE WAR OF DATES) 166. SOCIAL SEC 577-46-9	Ronald	W. Ches	tnut ADDRES	4628 Davi Suitland,	MD 20746
RDS, 201 W. PRESTON ST., BA	equires that the death certificate signed by the attending physic. Then please remove carbon paper to burial, cremotion, or removal injury, or other traumatic event, it	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	IENCE OF	THE TERMINAL	efantal DISEASE OR COND	ris	PROXIMATE INTERVAL VEEN ONSET AND DEATH
AL RECORDS	N: The law raysicion. Icate has been consit permit Hygiene prior 18 shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORM		ES NO	206. IF YES, WERE FI IN CERTIFYING CAL YES []	NDINGS USED JSES OF DEATH? NO
OF VIT	Clarification of the party of t		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	PAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PAR	T 2)
DIVISION	G PHYY orthis ond M ked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21 . PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211. LOCATION STREET	411	CITY OR TOW	VN COUNT	Y STATE
	R ATTENDING hospital or a RECTOR: Afte red for use os pr. of Health em 21 is mort		saw the deceased alive a	pital) ottended the deceased fram 7 - 4 19 not) view the body after death.	76 , and that in (my) (au	19 <u>X6</u> , ur) opinion death	accurred on the dat	te and hour and from	that (I) (we) last the couses stated
	by the hby the detocher detocher store Dep		22d. PHYSICIAN'S NAME (TYPE	DA-DAES	ATTE	ENDING ME	DICAL STAF		-6-86
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	BP	230. 8	Burial, CREMATION, REMOVA	7/11/86 Ha	name of cemetery or crearmony Memorial		Landover	Prince G	eorge's MD
	DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	UNERAL DIRECTOR ROLL	SINS FUNERAL HOMES 339 HUNT PLACE.	E, INC.	JUL 1		Sh. REGISTRAR'S SIG	

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	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	(GIENE) 2	0 4 7 1
-13497		CEASED NAME FIRST	MIDDLE		AST CON HIT CO	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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death. P	Le	kington, N.C	. USA	MARRIE		PRINCE GEO	_
of the Merit		TEVERLY	PRINCE GEORGE	SING HOME C	L HOSPITAL	12a USUAL OCCUPATE {TYPE OF WORK FOR MOST O	
filled in the roofd be f	Ma	ryland Prin		OWN	13d. INSIDE CITY LIMITS?		ZIP CODE ndywine Rd. 20613
MARYL OSON		eter	Ches	tnut	Is mother's maiden to I va	AME	Jones
Jacol /		VAS DECEASED EVER IN U.S. A	SIVE WAR OR DATEST		17 INFORMANT	ADDRE	
TIMO DE		YES, NO OR UNKNOWN)	246 3	6 4780	Ina Chest	nut	SAA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate presented than 24 hours or oftending physician. When this certificate has been signed by the attending physicial copy fump in yilled in by as the burial-transit permit. Then please remove carbon papers. The and Americal Hygiene prior to burial, cremation, or removal. orked at them 18 shows any injury, or other traumatic event, the medical examine mast bean arked at them.	TION		(b) K DUE TO, OR AS A CONSEI (c) CONDITIONS CONTRIBUTING	TO DEATH BUT			
AL REC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: TI ending physici this certificate the buriol-transi of Aentol Hygi	WEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH P.M.	DAY YEAR		JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
DIVISION DING PHY: or attentias e as the bus of the ord Amarked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
ATTENDII Caspital or ECTOR: A d for use t, of Healisma m 21 is me		saw the deceased alive of abave, (I) (we) (did) (did)	pital) attended the deceased from 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	86.0	nd that in (my) (aur) apinio	n death occurred an the de	19 that (I) (we) lost ate and have and from the causes stated
OR he		226. SIGNATURE)	K. Shuh	un	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 27c. DATE SIGNED
retoined by the Foreign of Foreig		220 PHYSICIAN'S NAME (TYPE GITA SHAH, MD			22e ADDRESS		LAUREL MD 20708
BM		BURIAL, CREMATION, REMOVA Burial	23b. DATE 14July '86	3c. NAME OF C	eterans Cem	Cheltenh	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Apple:	S II A AA	~ Md. 250. D	JUL 25 1986	25b. REGISTRAR'S SIGNATURE

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10-1	198	6		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10			
				CEASED NAME FIRST		MIDDLE		AST	116.67	MONTH DAY YEAR	26 HOUR		
pe	page 3		(TYPE	GLOR:	IA	A.	0	LARK		07-06-86	6:50AM		
a E	g 5	1	3. SE	x	4 RACE		S. DATE		6. AGE (IN YEARS LAST BE				
0 4	200	-		Female	Caucasi		Sept	16, 1922	63	YRS.	5 HOURS MIN.		
(to the	0 167			RTHPLACE (STATE OR FOREIGN COUNTRY) W Jersey	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?		DENEVER MARRIED DIVORCED	PRINCE GEORGE'S				
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AND 20	filled in	5	13a. S	AL RESIDENCE (IF NURSING HOME COLATE 136. COU		GIVE RESIDENCE BEFORE 136. CITY OR TOW Bowie		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 12709 Mill				
2YL	2 st	nine	14. FA	THER'S NAME	WIDDLE	1157		15. MOTHER'S MAIDEN NA	ME				
WAN be	\$ C	wa/		Karl	M.	Kitchel:	t.	Margueri	WIDDLE		Garty		
REUT E	8	9 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR	ECC			
BALTIMORE, MA	(1)	e med	{	(IF YES, G	IVE WAR OR DATES)	577-24-	9716	Joseph F. Cla	ark Bowie,	Millstream 1 MD 20715	Drive		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE OF DEATH MONTH Ruth TYPE OR PRINTI A. Cooksey July 20th. 1986 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female White October 1902 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Louisiana U.S.A. Prince George's WIDOWED DIVORCED [IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Regency Nursing Home TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Forestville Bookkeeper Methodist Bldg. Prince George Forestville Maryland 13e STREET ADDRESS / ZIP CODE Road 20747 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Berlin Spaulding Henrietta Brechtel 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1009 Forestville Rd. (YES, MOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 433-01-5822 Maurice L. Cooksey Forestville, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)
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Burial 7/23/86 Washington Nat'l. Cem. Suitland P.G. Maryland 24 FUNERAL DIRECTOR George P. Kalas Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 6160 Oxon Hill Rd. Oxon Hill. Md. 22 1996 Stille Davidoon- Mondain (VRA 15, 4)

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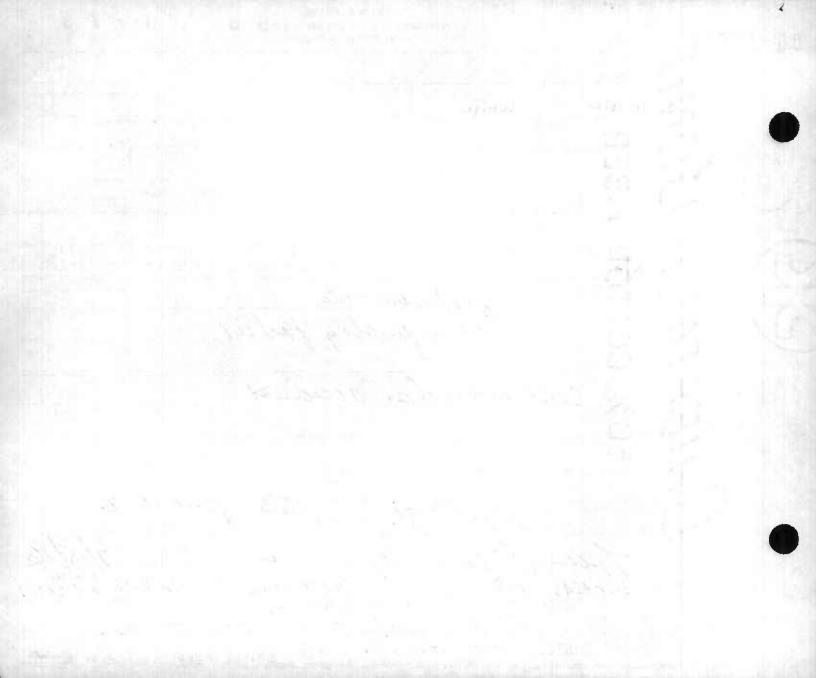
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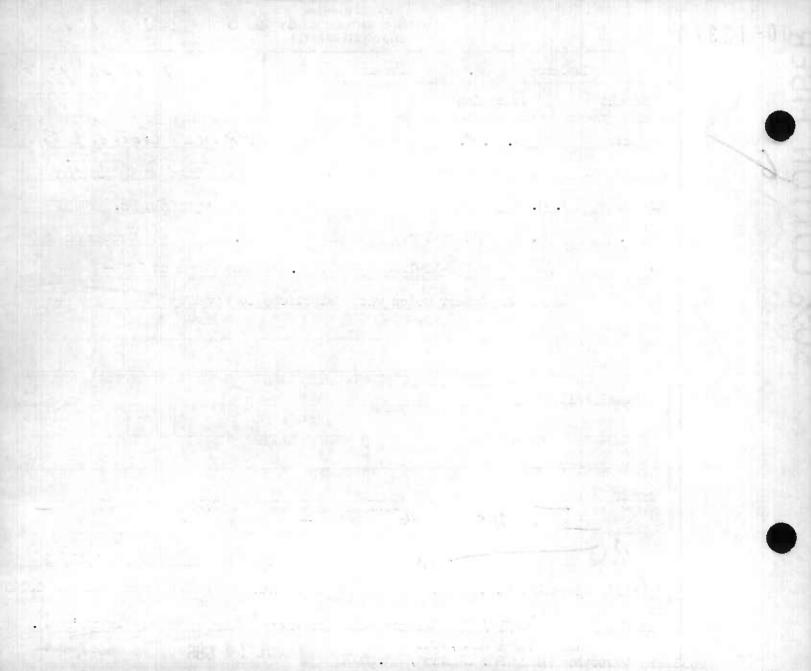
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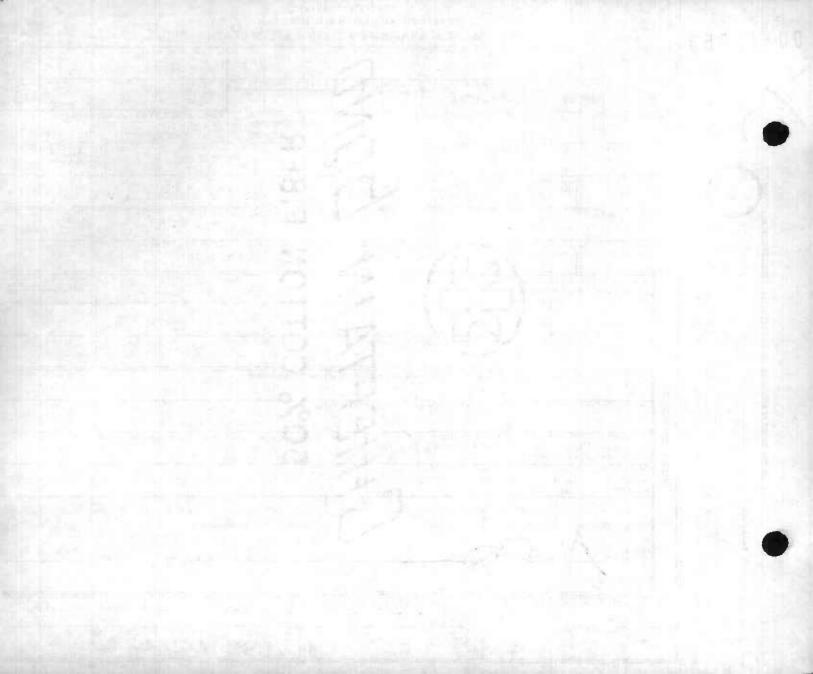
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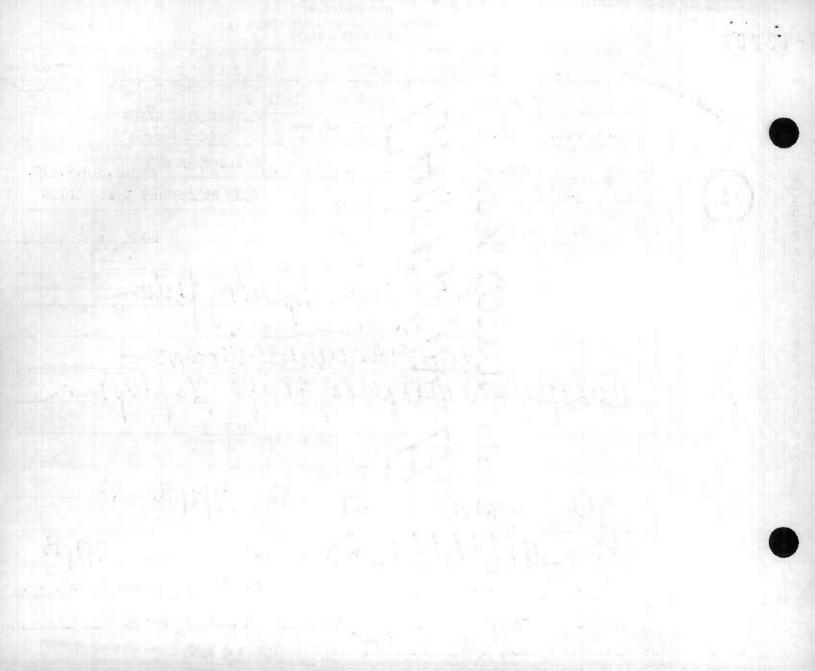
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGENE 6 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR July 19, 1986 12:42p. RAYMOND JOSEPH CURTIN 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF UNDER 24 HRS 3 SEX Male White March 28, 1911 75 yrs. TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVERMARRIED Prince George's County Virginia USA DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Doctors Hosp. of Pr. Geo. Co Construction Lanham USUAL RESIDENCE (IF NURSING HOMBOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 4810 10th Street, NE 136 COUNTY 13c CITY OR TOWN 1 13d. INSIDE CITY LIMITS? None Wash. DC None YES K NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unavailable) Sullivan (Unavailable) Patrick Marie 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Wash., D6 20017 LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) Mary Katherine Kettner, 4810 10th St., NE 577-03-6792A Yes WWTI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE C Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PER A TED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS PM 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE to Tuly 10 220.1 certify that (1) (this haspital) attended the deceased from... 19 86 July 19 saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LYPE OF PRINT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial July 23, '86 Quantico Nat'l. Cem. Triangle, Virginia 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 DeVol Funeral Home, Inc., 2222 Wisc. Ave. NW (VRA 15, 4)

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TYPE OR PRINT DEATH MATED DATE LAST BIRTHDAY) MONTHS PRONOUNCED 55 DEAD 7a. BIRTHPLACE FOREIGN COUNTRY) Virginia United States WIDOWED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Typist-National Geographic 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE MIDDLE Millard Davidson Cora Gillespie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 6317 Patterson Street Riverdale, Md. 20737 (YES, NO, OR UNKNOWN) No N/A 226 38 1313 Mary Gillespie Riverdale, Md. 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural couses Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE June 191987 EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M MEDICAL EXAMINER John S. Rogers M.D. Silver Spring, Md. EXAMINER'S NAME (TYPE OR PRINT **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION July 23,1986 Elizabeth Cemetery Saltville, Smith Co., Va. 07/B4 BP 74 FUNERAL DIRECTORIVES-Pearson Euneral Homes
Arlington, Va. 22201 2500 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Toma sturidant

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STATE OF MARYLAND

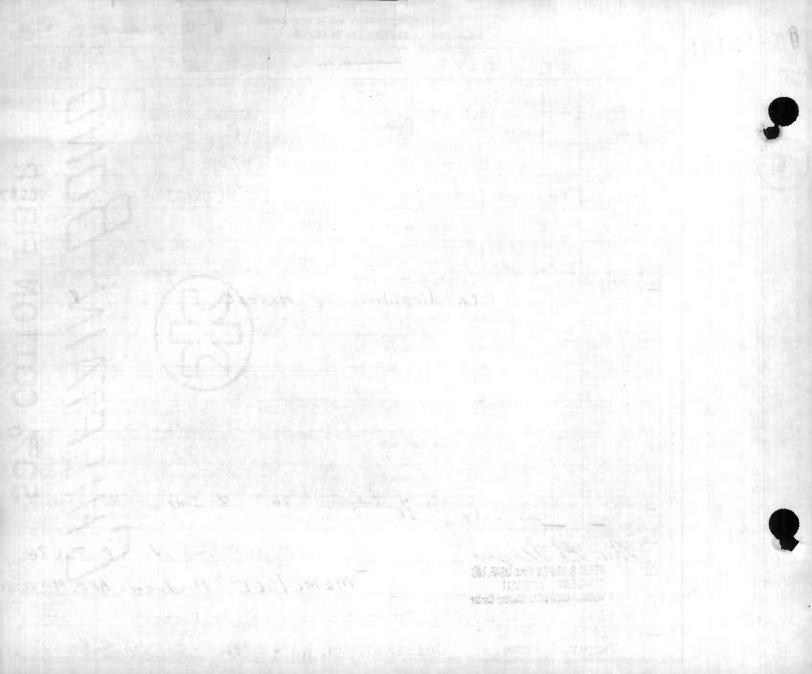
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT ESTI DEATH MATED DATE PRONOUNCED DEAD 7n BIRTHPLACE 9. BALTIMORE CITY OF COUNT MARRIED XX NEVER MARRIED FOREIGN COUNTRY New Jersev WIDOWED [DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION Home maker own home 15. MOTHER'S MAIDEN NAME ATHER'S NAME FIRST MIDDLE LAST Elliott Hook Samuel Jennie 17. INFORMANT 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 3421 Memphis Lane (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 150-58-1299 Bowie, Maryland NO Alfred Davis 20715 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for M. (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a NTAL HYGIEN OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNAPCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 KI. CERTIFICATION USED AS / OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E USED WRITING WARDED TO THE PAGE 3 SHOULD BE US YES [NO P 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE,
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TO FUNERAL DIRECTOR: P.
ATTER DEATH THE ST.
BAT IMORE. MARYLAND. 2 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMPLED SNAME Dr. John S. Rogers, M. D. ADDRESS 1919 Seminary Road Silver Spring, MD 23d. LOCATION JULY 25,1986/Metropolitan Crematory Alexandria, Fairfax, Virginia Cremation BP 24. FUNERAL DIRECTOR 216000 Annapolis Road DHMH - 17 Funeral Home Bowie, MD 20715-3043 Wia Davidson (VR A15 ME (5)) 20M 4/82

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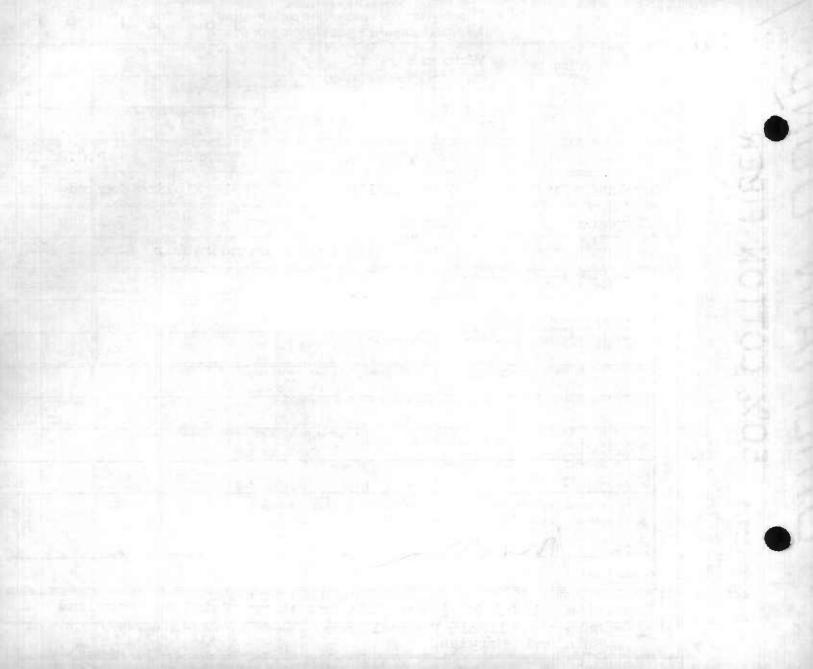
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 1. DECEASED NAME KNOWN MONTH (TYPE OR PRINT) MARIE DEATH MATED 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 34YRS DEAD MARRIED NEVER MARRIED Washington DC Prince George WIDOWED DIVORCED 2 IT MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION PAGE 5 E FILED, ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Clinton Insurance USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION 13h COUNTY 13d INSIDE CITY LIMITS? Maryland Suitland George Ave., Spt. D Lewis YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bernard Milton Marie Dement Daisv Jenkins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 217-60-8341 Daisy M. Dement no same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause of ine for (a), (b), and (c) PART I DEATH WAS CAUSED BY akety arlineseluotie cardiovasculas IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 OULD HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.I. CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains rescribed above, held an Autapsy death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner EXECUTE THE CREATE PAGE 4 SHOULD BE TO FUNERAL DIRECTORY AFFER DEATH WITH BALTIMORE, MARY MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto P. Rodriguez, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 07/84 Riscataway 25M 24 FUNERAL DIRECTOR
HUNTT F P. O. Box 156 DHMH - 17 Waldorf, Md. (VR A15 ME (5))

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ector, po	3. SE)	x Male	4. RACE White	April 15 1927	6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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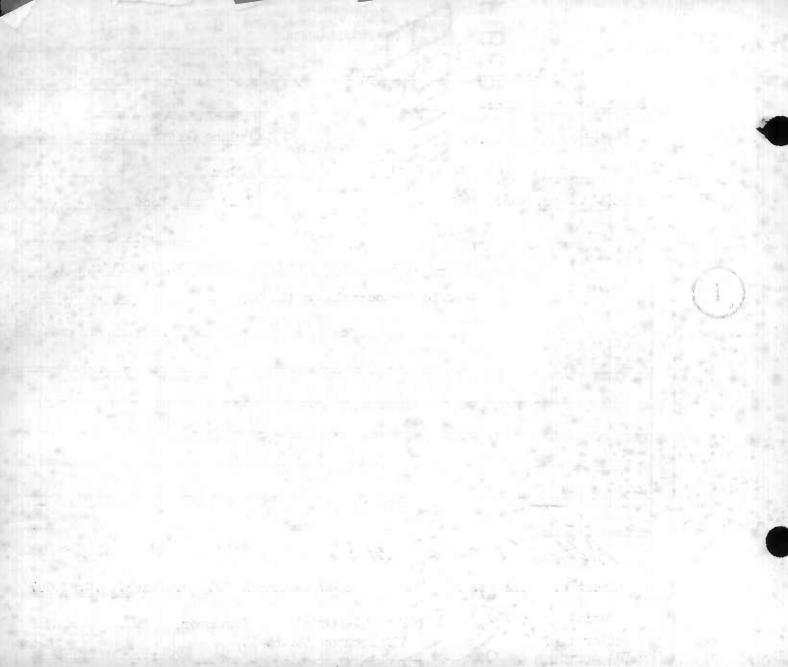
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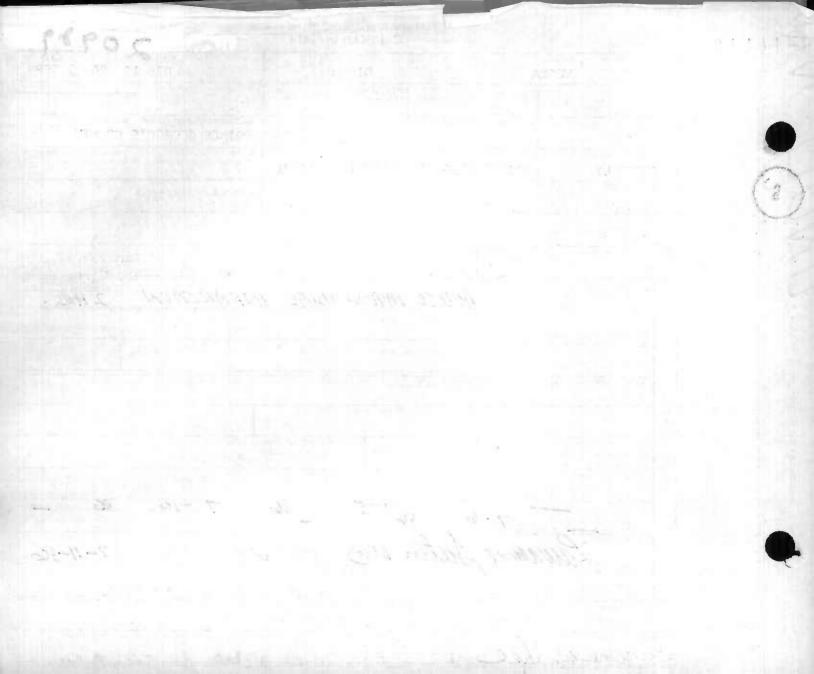
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH (TYPE OF PRINT) DiPIETRO 27,1986 Carmela July 1:22 NMT 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS MONTH DAY YEAR 1901 Female Cauc. Mav BIRTHPLACE (STATE OR FOREIGN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Italv WIDOWED DIVORCED | Prince George 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Own Home Lanham Doctors Hospital P.G. Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
1136. COUNTY
137. CITY OR TOWNSTONS 13c CITY OR TOWNNEW 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 1 13d. INSIDE CITY LIMITS? P.G. Md. Carrollton 6001 89th Ave 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Filauro Sturba Concetta Raniero ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 6001 89th Ave. 233-26-9452 Jane DiPietro New Carrollton, Md. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 270.1 certify that (this hespital) ottended the deceased from sow the deceased alive an_ and that in (my) (or) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATO DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICHA 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN Burial East Oakgrove Cem, Morgantown, West Va. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rendon/Hale Lanham Funeral Hom Annapolis Rd. Lanham, Md. 20706 DHMH - 16 60M 7/84 Filia Davidson fonde (VRA 15, 4)

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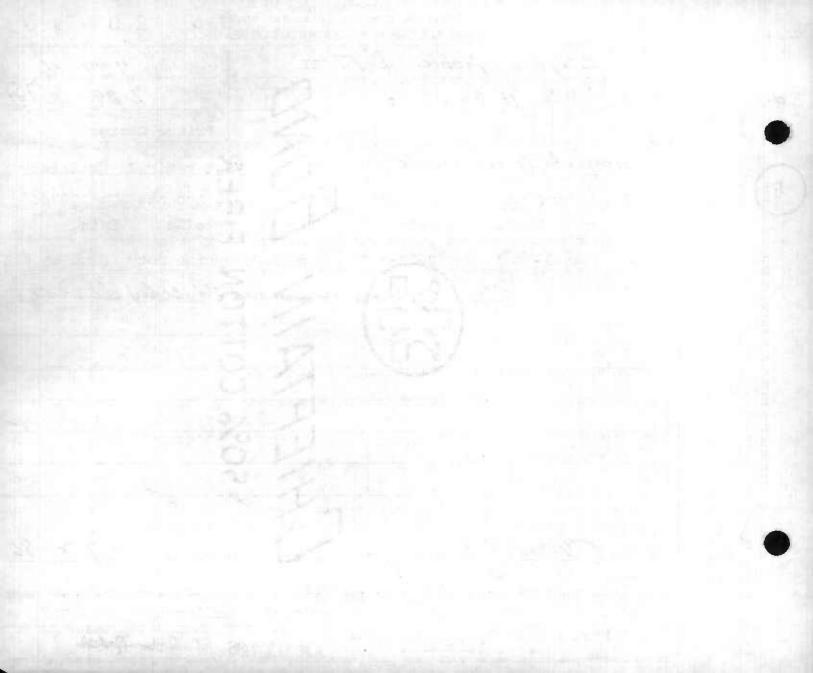
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MIDDLE DECEASED NAME FIRST LIYPE OR PRINTS DIXON 07 **VEOLA** 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH YEAR MONTH MALE BI ACK AUGUST 7.1901 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY VIRGINTA U.S.A WIDOWEDXX 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH INDUSTRY DAHLGREN, V GEORGE S GENERAL HOSPITAL CHEVERLY RETIRED RIGGER SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 136 COUNTY 130 CITY OR TOWN ROUTE #2 BOX 436 KING GEORGE. VA KING GEORGE VTRGINIA NO X LE ATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE BENJAMIN DIXON FRAZIFF SLISAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT WASHINGTON, D. C20019 IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 241 55th ST.N.E 223-70-17834 MRS. MARY P. CONWAY NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: WIE MYOCARDIAC INFARCTION IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (the hospital) attended the deceased fram. saw the deceased alive on_ ___, and that in (my) (am) apinion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS AWRENCE OF PRINCE GEORGESHOSPITAL EMETERY OF CREMATORY PTIST CHURCH 236. DATE 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE CITY OR TOWN COUNTY I SPECIEVI BURIAL 7/16/1986 DAHL GREN. VA. 24 FUNERAL DIRECTOR ADDRESS ROUTE#3BOX 1306 - 16 60M 7/84 (VRA 15, 4) KING GEORGE. VA 22485



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	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		(TYPE OR PRINT)Augu		odriguez, M.		ADDRESSONO R	oyburn Ct .	Temple H	ills	MD
	FOCEAG	230.	Burial, CREMATION, REMOVAL 2	Aug1986	23c NAME OF CEA	METERY OF	RCREMATORY	123d LOCATION	COUNT	v VA	STATE
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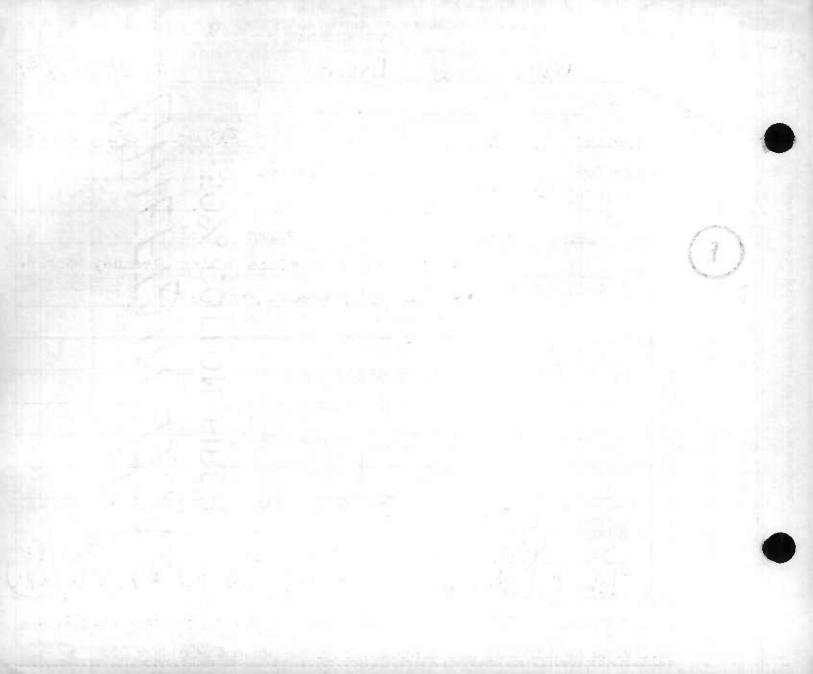
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00-12556	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 6	2 0 NO.	9 9 3
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DHMH - 16 60M 7/B4 (VRA 15, 4)		Uneral Director NAME Untt Finera		ADDRES	s P.O.		DATE REC'D. BY REGISTRA	AR 256. REGISTRAR'S	

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		FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	BENES 6 2 1	0 9 9 4
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		CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH D	PAY YEAR 26. HOUR
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fol of or use		220.1 certify that (I) (this hospit	tal) attended the deceased fram_	26, and that in (my) (aur) opinion	death occurred on the date and hour	and from the causes stated
RECT SECT OF			view the body after death.	DEGREE		221 DATE SIGNED
by the host ERAL DIRECEAL DIRE		K.	arong	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	19/14/86
FUN the ORT		RAKE SIT	ALORA, MD	14300 GAG	CANTFOX 2	N ROWIE
of of of white of the o	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Laurel
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(VRA 15, 4)	5	Stewart Funera	al Home-4001 F	Benn. Rd NE	11 1.7 1986 grane	avidom-igosphane.





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AND 213	USÜ.	AL RESIDENCE (IF NURSING NOME 13b), CO		136. CITY OR TOW Washingt	N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 663 Brandy	zip code wine St	treet,	9999 S.E. 9
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(VRA (5, 4)	S	tewart Funeral	Home /	4001 Benn	ing F	load, N.E. IIII	1.7 1986	Lelia Davi	dson Ad	indelle.



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	DICAL TE THE NERAL DEATH NORE, A	/	SIGNATURE.			1		M.D. <u>E</u>	Assista	7.2	ICAL EXAM		SIGNED		00
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BARTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NT) Delli			i.D.		INE DO	l Penn		BAlto	., Md.	2120)1
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OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	CIAN. The low requires that the death certificate to excure within 24 hours after death. Page 4 may be physican.	has been signed by the attending physician and Companies filled in by the futeral director, page 3	al traini permit. Then please remove carbon popertitions 1 at 7 th/uld be filed within 72 hours often death	and prior to control or reflect from making according to making the making and making and making or control or	12 12 × 27
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DIVISION

FOR STATE

STATE OF MARYLAND

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	REGISTRAR				CENTIL	ICATE OF PEATIT	RE	G. NO.		
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3. SE	X		4. RACE		5. DATE O		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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7a B	IRTHPLACE (STATE OF F	OREIGN	Th CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	1
P	ennsylvania	a	U.S.A.		WIDOWE		Prince	George	e's	ME
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCC			OF BUSINESS OF
	verdale		Lela	nd Mem	orial		Housewij	_		n Home
M M	at residence (# Nurs STATE aryland	13b. COU!	JTY	13a CITY OR Hyatts	NWOT	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDR			20782
14. F.	ATHER'S NAME Unavaila	able	MIDDLE	LASI	t	15. MOTHER'S MAIDEN N Unavai	lable	DDIE		AST
16a \	WAS DECEASED EVER		MED FORCES?		SECURITY NO.	17. INFORMANT (Daug	ghter) '	ADDRESS 13	River	Road
N	YES, NO OR UNKNOWN)	(R TES, GR	E WAR OR DAIES)	215-2	26-0202	Cornelia J.			ter, Md	
Z	Conditions, if any, gove rise to immacause (a), stating underlying couse PART 2. OTHER SIGN	nediote g the last.	10	RASACONS ACUT	EQUENCE OR		FALIUX MINAL DISEASE OR		GIVEN IN PART	lla .
CERTIFICATION	190 DATE OF OPERA	IION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY		YES, WERE FIND RTIFYING CAUSE YES T	
MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR! WHILE NOTIFY HOTE AT WORK AT WO	CALEXAMINE	HOUR A. P. 21e PLACE	M. MONTH M. OF INJURY	I DAY YEAR 19 FFICE, FARM, ETC.)	2H. LOCATION STREET	RRED (ENTERNATURE			
	22n.1 certify that (I) sow the decease abave, (I) (we) (c 22b. SIGNATURE	ed olive on		1.23	19_86, or	nd that in (my) (our) opinion				, that (I) (we) la e causes stated E SIGNED
	1000		ارد ۱۱	75	maci c		MEDICAL DIRECTOR P	STAFF HYSICIAN	7/2	4/86
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	Virend	er P.	Singh,	M.D.		5632 Annapo	lis Rd.,	Bladens	burg, M	d. 20710
	BURIAL, CREMATION,			100		EMETERY OR CREMATORY	CITY OR TO	WN	_ COUNTY	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

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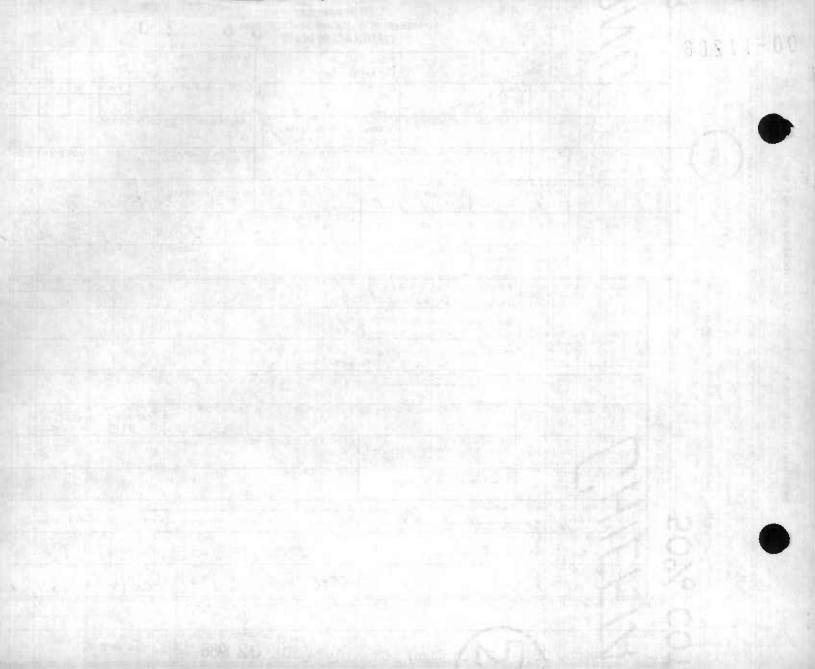
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74 FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

JUL 29 1098 Julia Buildan Amelan

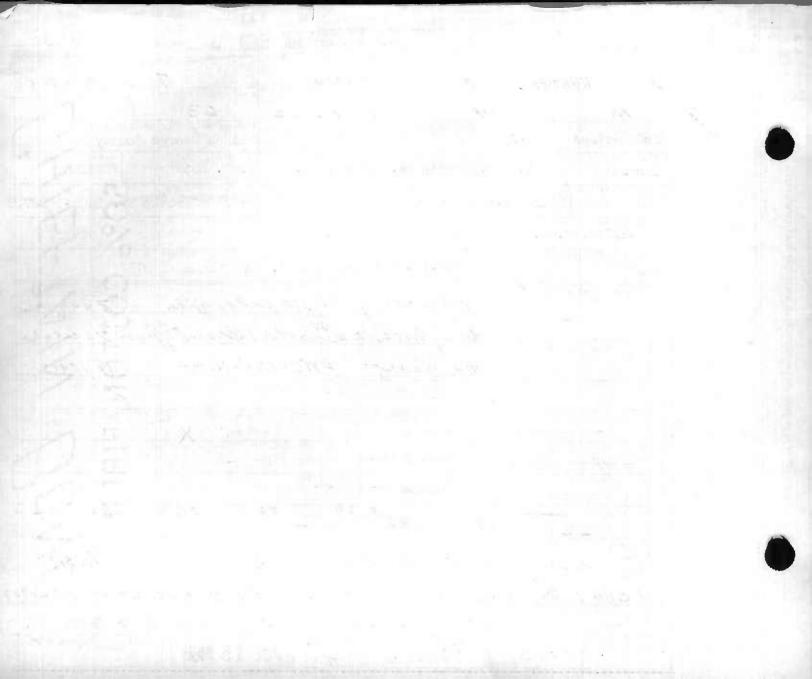
Charles during the state of HEAL . II G

00-11206	THEMS 13-15 PR HOLP STATE OF MARYLAND FOR 1/2 3/86 DAB DEPARTMENT OF HEALTH AND MENTAL HYGENE 6 2 0 9 9 9 CERTIFICATE OF DEATH REGISTRAR REG. NO. 1
t i S O O	DECEASED NAME RIST BOY BOY EAR 28. HOUR ELEVANDS 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR 120 PM
oge 4 mo versities, p	McL SEX McL S. DATE OF BIRTH MONTH DAY YEAR OF THE SEX MONTHS DAYS HOURS MIN.
35	BIRTHPLACE (STATE PREPARED TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED DIVORCED ME
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O HOSPITAL O CAUCHAL OF THE ALL D CAUCHAL OF THE AL	ATTENDING MEDICAL PATERIOR OF 1986 220 ADDRESS LEVY THESE STAFF 1220 ADDRESS 107 10 Byou know A Pure May 16 or My 25/2
21 231 3 ·	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	A. Doloresco, CEO, P. G. Gen Hosp. Cheverly MdJUL 02 1988

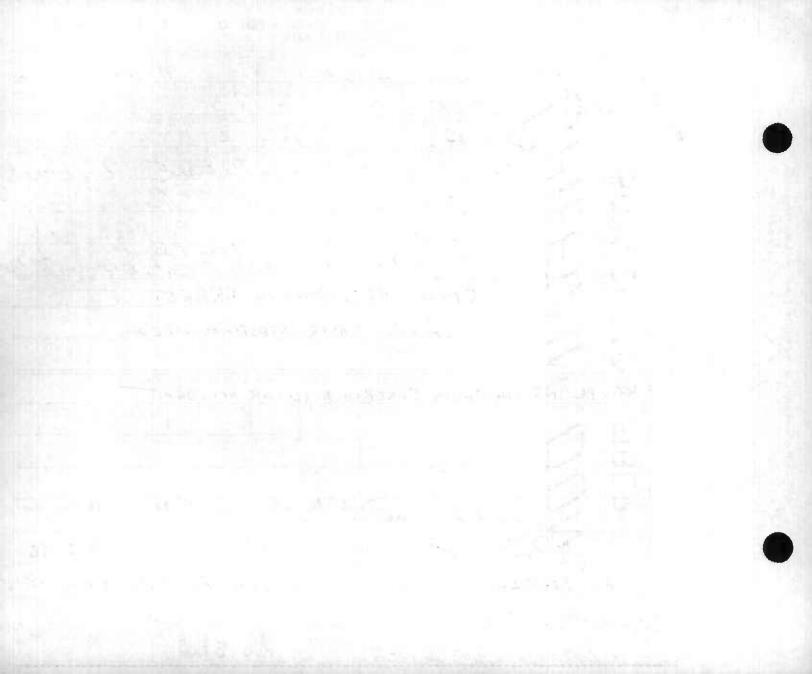


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 7b HOUR DECEASED NAME ERNO NORMAND IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR 63 22 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Rhode" Island USA Prince George County DIVORCED [WIDOWED 120. USUAL OCCUPATION 12h KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 91 1 40 Brianchipire Stores Laurel. Md. Design work Hengs for working LIFE) MHESTYTH Laurel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION offreet Appress chipopst. Laurel 20708 Pr fauly George 3Taly Perpun 13d. INSIDE CITY LIMITS? YESX NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Lambert Wiffred T. E. MIDDLE Alma FIRST Frno ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN 036-12-3378 same as #13 Patricia A. Erno yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Mex calceni IMMEDIATE CAUSE (a Canditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the ERNEPH-ROMA underlying cause 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK 22a 1 certify that (1) (this hespital) attended the deceased from, 1986 , and that in (my) (***) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. abave, (1) (we) (did not) view the bady after death 22c DATE SIGNED 276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 77d PHYSICIAN'S NAME (TYP 14201 Caurel Park Dr. #102 Laurel Md 20707 7/15/86 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Md. Veterans Cemetery Chellennam Prince George Md. Burial BP Dona Love V. Borgwardt 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 4400 Powder Mill Rd. Beltsville Md 20705 DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



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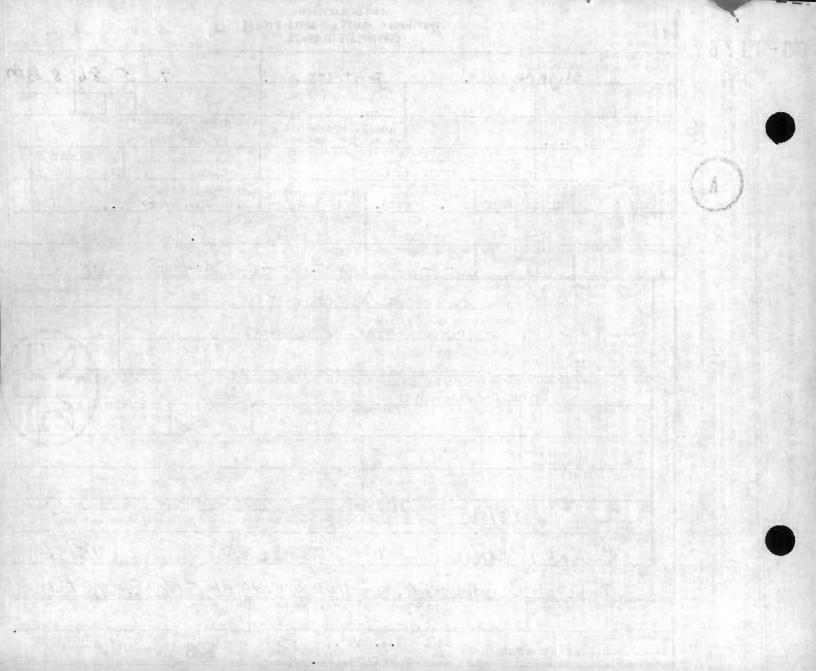


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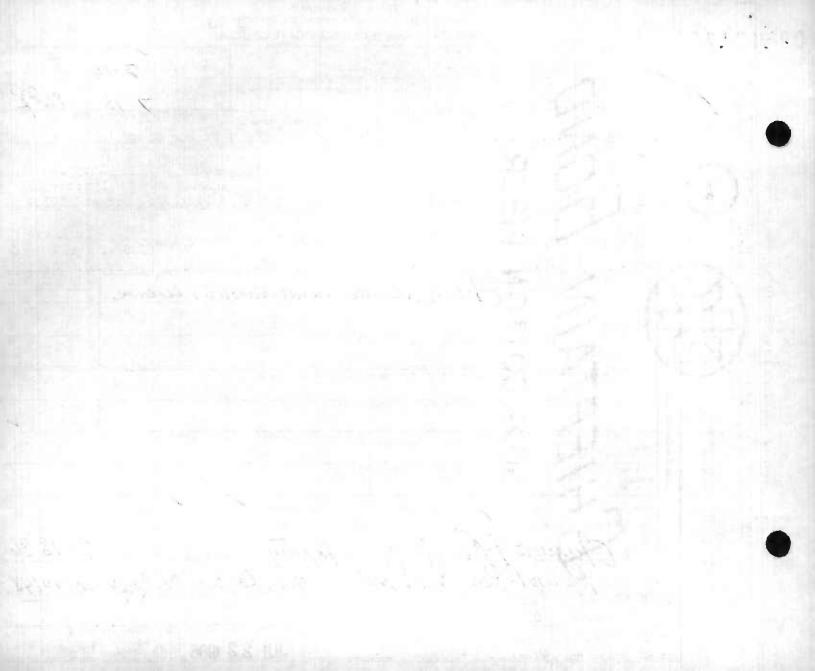
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(VRA 15, 4)

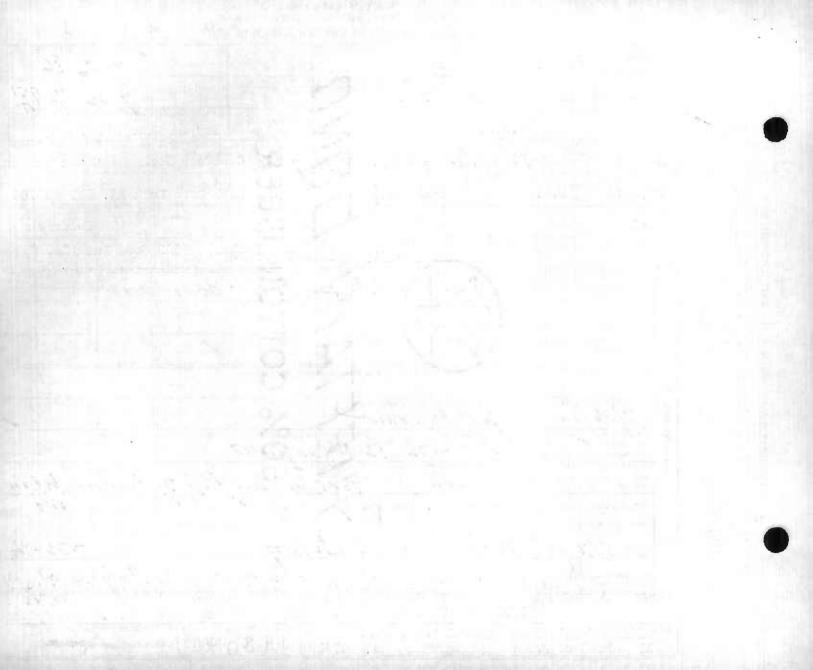
STATE OF MARYLAND



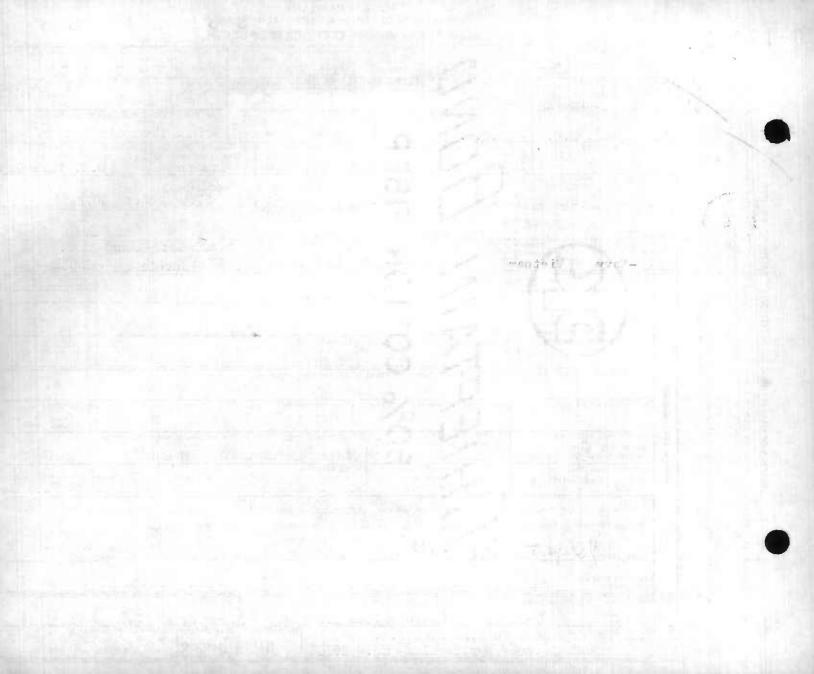
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE & FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN F (TYPE OR PRINT) OF George Fisher DEATH MATED Robert IF UNDER 1 YR. 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Caucasian Nov. 18, 1927 DEAD 58 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FORFIGN COUNTRY DIVORCED Washington, D.C. U.S.A. Prince George's County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Prince George's Hospital Chauffeur Cheverly City of UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Hyattsville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Maryland E. Riverdale 6715 Patterson Street 20737 YES X NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Henry A. Fisher Burkett Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESSOO Wrangell Road W.W.II Yes-Navv 577-36-7056 Larry Hudson (Nephew) Bowie, Md. 20715 CAUSE OF DEATH (Enter only one cause per life for (o), (b), and (c). PART I DEATH WAS CAUSED BY cardiovascul-discus IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22e I certify that I took charge of the remains described above, held on and in my opinion death resulted from Notural causes Undetermined manner TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 236. LOCATION 07/21/86 Cedar Hill Cemetery Buria1 137784 Suitland Maryland 256 REGISTRAR'S SIGNATURE "FRANCIS GASCH'S SONS FUNERAL HOME, P.A. **DHMH - 17** 4739 Baltimore Ave., Hyattsville, Md. (VR A15 ME (5)) wie Day dron - gandalle



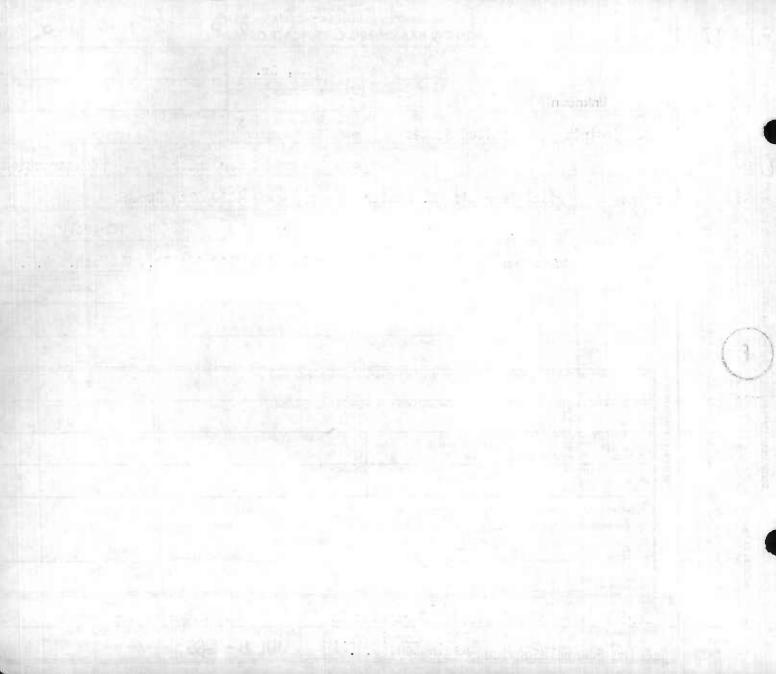
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN P CTURE COLUMNICA OF ESTI-DEATH MATED Randall Fogleman Scott 4. RACE 5 DATE OF BIRTH 6. AGE LINYEARS IF UNDER 1 YR. JE UNDER 24 HRS DATE PRONOUNCED Male White 10 1963 22 04 DEAD RIPTHPLACE ISLANCE 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED X Illinois U.S.A. Prince George's County DIVORCED ID. CITY OF TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS MANNE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Concrete Work Cheverly Construction USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. INSIDE CITY LIMITS? 130. STREET ADDRESS 4 Luck Rd. #11 Seabrook P.G. Maryland 15. MOTHER'S MAIDEN NAME wicout MIDDLE Hendrick Fogleman John Dorothy 166. SOCIAL SECURITY NO 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCEST 9823 Good Luck Rd. #11 John Fog(Father) IVES MO. OR UNKNOWNS LIF 195: GOE WAR ON DATES! 333-56-1519 No Seabrook, Md. 20706 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART T OR PART 2) HOUR A.M MONTH DAY CAUSE OF DEATH P.M. 21e PLACE OF NURY (AT HOME STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described obove, held on ond in my opinian Accident Undetermined manner 230 BURIAL CREMATION, REMOVAL 236 DATE 234. NAME OF CEMETERY OR CREMATORY 236 LOCATION Burial 07/30/86 Fort Lincoln Cemetery Brentwood Maryland 07/84 25M Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** was Davidson pandates 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR AT5 ME (5))



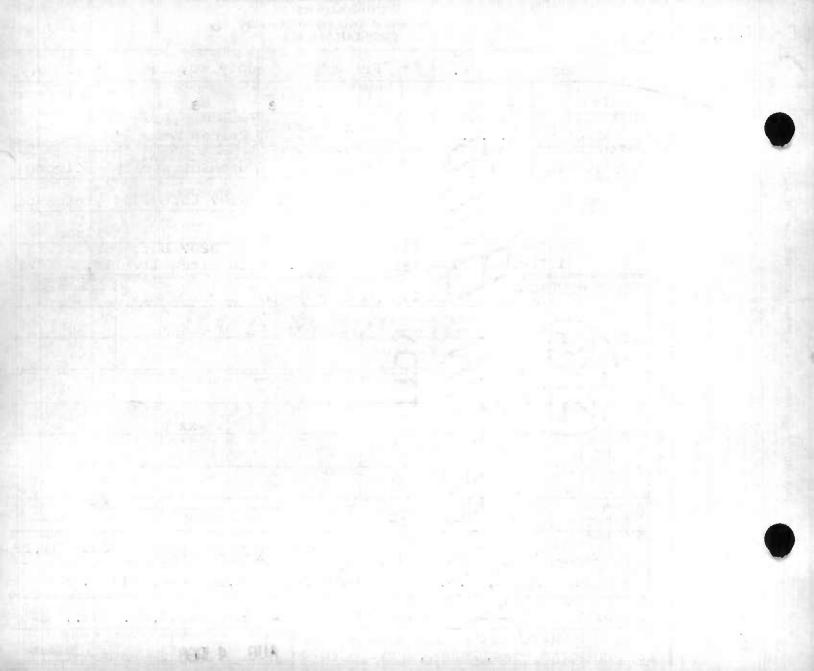
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DIVISION OF VIT TO MEDICAL EXAMINER: THIS CERTIFICATE SHEKEUTE THE CERTIFICATE. WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR, PAGE 3, SHOULD BE AFTER DEPARTMENT OF THE STATE DEPARTMENT OF THE ST	23a.B	URIAL, CREMATION, REMOVAL		123¢ NAME OF C			23d. LOCATIO				
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8	SHE STOLL	1	Harvey		Μ.	Fra	ance			iry		MIDDLE		Gravel	У
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- 9-	AND WELL AND	CERTIFICATION	19a, DATE OF OPER	ATIONI	The course	101100	LAUGH COED	7101111							
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ā	WRITE CARE	E	AT WORK	WHILE A	h STREET, FAC	TORY, FARM, E	TC.)		3 1 0 3	7th S	-	t. Ra:		P.G.M	STATE
	ATE. ORWANIE P		22a. I certify that	I took charge	of the remains de	cribed obo	ive, held on	Autops	у Д.	Inspection	. In	quiry .	ond in my	opinion	
_	MIN		death resulted from	m: Nature	ol couses	Accident	. Suic	ide 🗌	, Homici	ide .	Undetermin	ned monner	X,		
	DIE NAR	3	ACTUAL		VI	5 1	/		TITLE (SP				D.41		- 10-
	3 H S N H H	1	SIGNATURE	-	1	-1	/	M	D.ASSI	stant	_MEDICAL	EXAMINER	SIG	NED //	5/86
	MEDICAL E RECUTE THE CRECUTE THE CRECUTE THE PURCE A PTER DEATH	K	EXAMINER'S NAME	Grec	ory Ř. K	auffm	an. M.D) .		11	1 Pen	n St.			
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25AA	DHMH - 17	24. F								5a. DATE RE	C'D. BY REG	ISTRAR 256 R	EGISTRAR"	SSIGNATURE	
	(VR A15 ME (5))	M	UNERAL DIRECTOR NAME CGuire Fun	eral S	ervice Wa	shing	gton, D	.C.	, , , , ,	JUL	8-19	186 Jui	ية إمليات ميد	Kann	



1005	1,	FOR STATE		DEPART		OF MARYL.	AND MENTAL HYG	IENS 6	21	0 0	17	
4235	'	REGISTRAR			CERTIF	CATE OF I	DEATH	REG. NO.				
		CEASED NAME FIRST		MIDDLE	U	ST		20. DATE OF DEATH		DAY YEAR	36 HOUR	
4.5	(TYPE	OR PRINT) Ray		E.	Fr	ith		July 30,	1986		19,45Pm	
2 1	3.5E		4. RACE		5. DATE O			6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
10		Male	Whit	е	Apri	1 26,	1903	83	YRS.		HOURS MIN	
1 /	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIET	NEVER	MARRIED -	9 BALTIMORE CIT				
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10		ty or town of DEATH	3207	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET Lottsfol	ADDRESS)	sta Re	oad	120. USUAL OCCUP (TYPE OF WORK FOR MO Machini	ST OF WORKING LIF	E) INDUSTRY	of Business or .1road	
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-		THER'S NAME		1-12 001103			S MAIDEN NAM		00010		Toda Roda	
(4)		William	MIDDLE	Frith	1	Co	rnelia	MIDDLI		Wils	son	
8 /	Iáa V	VAS DECEASED EVER IN U.S		166 SOCIAL SECU		17 INFORMA			DRE SO t to		Vista R	
P /	(5	Yes, no or unknown) 11 yes	19-1923	577-10-	-1576	Helen	M. Fr	ith Mitc				
- ž		18. CAUSE OF DEATH (Ente	r only one couse pe	er line for (o), (b), on	nd (c),)					APPROX	CIMATE INTERVAL ONSET AND DEATH	
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¥		WW.E.		OR AS A CONSEQU								
ON THE PERSON NAMED IN		Canditians, if any, which		Sch S. S		charl	Estie (a of Col	M			
er fr		gove rise to immediate couse (a), stoting the		OR ASIA CONSEQU	ENCE OF					3 4 4 5		
10		underlying cause lost	(c)	CAD								
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1	CATION	190 DATE OF OPERATION	19b CONE	OITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED	
116	분	100						YES NOXO	IN CERTIF	YING CAUSES	OF DEATH?	
H, M	CERTIF	21a. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF				
Hem 1		OR CONTRIBUTING CAUSE OF	DEATH	.m. MONTH D	AY YEAR							
or He	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION			RTOWN	COUNTY	STATE	
orked	¥	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY OFFICE, I	FARM, ETC }	STREET		CITYO	RIOWN	COUNTY	STATE	
mor.	1	226 I certify that (1) (this h	ospital) attended t	he deceased from_	198	2		, to		19 86	that (I) (we) last	
21 is		saw the deceased alive obove, (I) (we) (did) (dir	on_6-	2 19	Ma on	d that in (my)	(our) opinion o	deoth accurred on the	dote and hou			
fe m		P.B. SIGNATURE	nor view the boa	y offer deoff.		EGREE					SIGNED	
<u>un</u>		12	20.	.0.0.	3	/	ATTENDING PHYSICIAN D	MEDICAL S	TAFF SICIAN []	July	y 31,198	
TANI		224 PHYSICIAN'S NAME (1		Je M.	,	22e ADDRES	SS		The second			
IMPORTANT		Robert Ge	ereigh,	M.D.		4410	74th A	ve, Lando	over H	ills,	4D	
₹-	230 E	URIAL, CREMATION, REMO	VAL 23b. DATE	23c. 1	NAME OF CI	METERY OR	CREMATORY	23d LOCATION				
	(SPECIFY	8-2-	86 Fo	ort L	incol	n Cem	Brentwo	od, Pr	· Geo.	, MD'E	
A 2/80		INERAL DIRECTOR Rena	on/Hale	Lanham	Fune	ral H	Om 250 DATI	E REC'D. BY REGISTR	AR 25b. REGIST	RAR'S SIGNAT	TURE	
4)		3 Annapolis						6 4 100		Varidon	Mandall	
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	1			STATE OF MARYLAND		
e	,	FOR	DEPAR	RTMENT OF HEALTH AND MENTAL F	LYGIENE O	2 1 0 0 8
00-13152	1.	STATE: REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
0 10102		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
by be death	(TYPE	OR PRINT) Joh	nn Francis GALL	AGHER Sr.	July 18, 198	9:35p M
you pog	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
ctor.		Male	Caucasian	Sept. 15, 1924	61	YRS. 3
2 110		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9. BALTIMORE CITY OR C	OUNTY OF DEATH
1 1500		ennsylvania	USA	WIDOWED DIVORCED	Prince Geor	ge's Co. MD.
W II O		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
41 1005	La	nham		tal of Pr. Geo. Co		Ingineer Electronics
1 1 1 d		AL RESIDENCE (IF NURSING HONE)	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)		IP CODE
2 (图 题 2)			ace Georges Lanh		9516 Nordic	Drive 20706
書 語 意		THER'S NAME	The same of the sa	15 MOTHER'S MAIDEN		LAST
MAR dund ond		John	Frederick Galls	gher Marga		nery
RE. P			ARMED FORCES? 166. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
MO exe	ye	11777	S. GIVE WAR OR DATES) II & Kor 209-12-	-0065 Catherine	L. Gallagher	same as 13e
Atti	-					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys movent,			er only one cause per ling (a) (b), (b), AUSED BY:	sincetone Fr	ilux	
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201 res the		PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART TO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirer other dring physicion. Wher this certificate has been sign on sine bursol-transit permit. Then this and Mental Hygene prior to be orked or them 8 shows ony injury orked or them 8 shows ony injury	NO	Grabe	ses millite	- Cantid o	VE non	
mit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
t Re lo son.	1 1		Capcinon	na o Pancken	YES NO	YES NO
VIIA Name of the Name of the N	E E	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21s. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)
OF NO LANGE	AL	OR CONTRIBUTING CAUSE O	N NEWILL	19		
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After a second		220 I certify that (I) (this h	haspital) attended the deceased fra	m 4-15- 198	6 , 10 July 1	F 19 66 , that (Dwe) lost
TTEN Pritol for of H		say the deceased aliv	a no law w the body after death.	ond that in (Ny (our) apir	ion death accurred an the date	and hour and from the causes stated
OR AT DIRECT Sched f Dept.		77h fighthruge	7	DEGREE		224. DATE SIGNED
the Date Date Date Date Date Date Date Dat		Coher	tulen	ATTENDIN PHYSICIAL	G MEDICAL STAFF DIRECTOR PHYSICIA	NO 7-19-86
SPHT.		124 PHYSICIAN'S NAME (the or mine)	22e ADDRESS	4	0
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5 g 5 g ₹ ₹		BURIAL, CREMATION, REMO		31 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY, STATE
ВР		Burial	July 23 1986 1	Resurrection Cemet	ery Clinton,	Maryland
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR			DATE REC D. BY REGISTRAR 258	REGISTRAR'S SIGNATURE
(VRA 15, 4)	Be	all Funeral H		, Maryland	JUL 22 1986	ALCO MANAGEMENT A C

Samesalan Sept. 15, 1924 64 Service Engineer Electronics Maryland, Frince Courges I also see 1950 Nordic Prince 20706 John Streetick Sellagher Stargard I. Tonery Will a Mor. 209-12-005 Cuthurine L. Callagher of tone as 13a Bunll Panerell upper C Bowle, Margland Hill at 1971

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEADH REGISTRAR I. DECEASED NAME 20 DATE KNOWN [(TYPE OR PRINT) OF ESTI-DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) South Carolina DIVORCED Prince GEorge's County ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Cheverly Odd Jobs Maintenance E SEat Pleasant. ND 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pleasant 1310 Farmingdale Avenue NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Henry Mabell Fullard Willie Gerald 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 4468 Ponds St NE DIVISION I (IF YES, GIVE WAR OR DATES) Ernestine Jenkins Washington D.C. 1953-1956 247-58-3128 18 CAUSE OF DEATH (Enter only ane couse pegline for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY solucte Cardiovoscu IMMEDIATE CAUSI DUE TO, OR A A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIALlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 In CERTIFICATION USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 211. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFIE DEATH, WITH THE STATE DE BATTMORE MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.I STREET WHILE AT WORK CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held an and in my opinion death resulted from: Accident Natural causes Homicide Undetermined manner Maryland Veterans Cem. Cheltenham Prince GEorge's MD 07/84 25AA ROLLINS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** 4339 HUNT PLACE, N.E. (VR A15 ME (5)) WASHINGTON, D.C. 20019

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STATE OF MARYLAND

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1 71		PERSONAME FIRST	MIDDLE	6	EQSON	20 DATE OF DEATH MONTH	23 86 4 4 8
2 22	1 SE		4. RACE	MONTH	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS ME
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100000	13a, 5	AL RESIDENCE (IF NURSING HOME OF 13b COU	ROTHER INSTITUTION, GIVE RESIDE INTY 13c. City Ce George Oxo	OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13, STREET ADDRESS / ZIP CO	ODE 20745 Place
1 12 4	14. F#	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
1 1/60		Thomas	F. G	leason	Anna	WIDDLE	Henderson
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TTENDIN priol or TOR Al for vite of Mediti		220.1 certify that (1) (this has saw the deceased alive a above (1) (see) (slick) (did a	() () (T	_19_26 00	d that in (my) (our) apinian	death occurred on the date and	haur and from the causes stated
At OR A the host at DREC strocked the Dept.		17% SIGNATURE	on view the body differ deal		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7.248
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DHMH - 16 60M 7/84 (VRA 15, 4)		orge P. Kalas		6760 0	250 DA	TE REC'D. BY REGISTRAR 256. REC	

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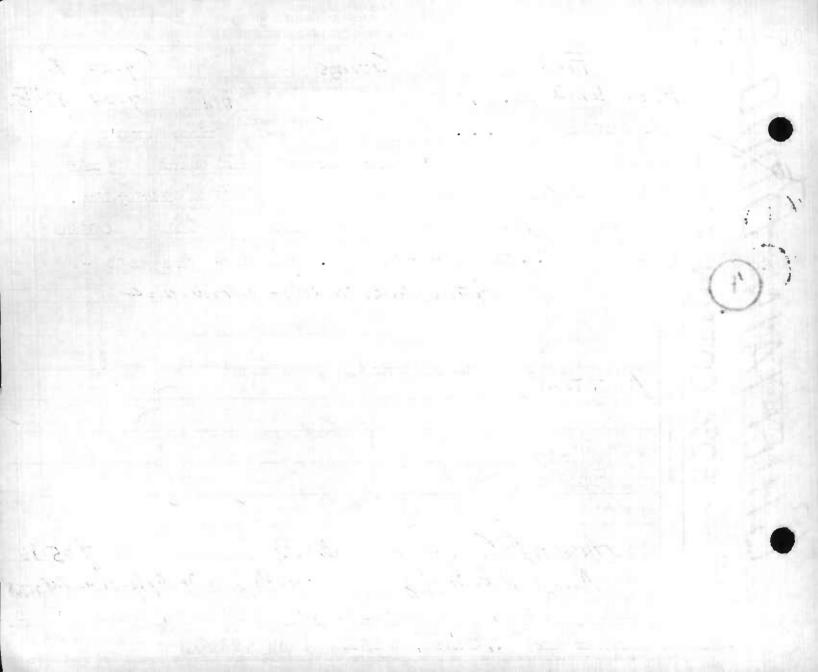
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10-13254	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6	2	0 4
0 10234	1 DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
may be	,	OR PRIN Pauline A.	Gocke.		July 21	, 1986	6'cc AM
E Q	3 SE	(4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RIHDAY) IF UNDER	
ge 4		Female.	White.	Feb. 6, 1902	84.	YRS	DATS HOURS MIN.
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AND 212	13a. S	TATE 136 COUN	other institution give residence before ITY 13c. CITY OR 100 rince feo.	Atts 1 TSIDE CITY LIMITS?	5700 Bel	ZIP CODE Rd	
MARYLA mpletely mpletely marking	14. FA	THER'S NAME Lewis Grant	Albright.	Annie Annie	WE	Kees.	LAST ¢
BALTIMORE, MARYLAND cote be executed within 24 ysicon and completely file opers. Pages Torial 2 should vol. vt. the medical dysmiler ms		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (18 YES GIV	MED FORCES? 166 SOCIAL SECUE WAR OR DATES) 224-60-		cke (Son		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST OUTENDING PHYSICIAN. The low requires that the death certi- outending physician. Outending physician. Outending physician. Outending physician has been signed by the attending pass the buriol-transit permit. Then please remove carbon than and Mental Hygiene prior to buriol, cremotion, or remorked actem 8 shows pay injury, or other troumatic events.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COMMENT OF THE COMME	trokes, demen		MINAL DISEASE OR CON	20b IF YES, WERE	
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spirol or spirol or CTOR: A for use of Heal of Heal		saw the deceased alive on	tal) ottended the deceased from 19	36, and that in (my) our) opinion	death accurred on the d		om the causes stated
		22d PHYSICIAN'S NAME (TYPE O	Zusan /	DEGREE ATTENDING PHYSICIAN (2) 220 ADDRESS	MEDICAL STA	FF .	DATE SIGNED
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		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	4 20 2
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ESSARY, PLEASE ERAL DIRECTOR. ** YOUR FILES. THIN 72 HOURS ESTON STREET.	3. SE)	emsle White	Sept. 26	YEAR LAST BIRTHDA 87 YR	Y) MONTHS DAYS	IF UNDER 24 HRS. Hours Min.	2c. DATE PRONOUNCED DEAD		1986 3540 M
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BALTIMORE, MD JRS AFTER DEATH B. GIVE PAGES 1 WITH FORM PIM T. PAGES 1 AND 2 DIVISION OF THE	16a. V	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	578-62-474		s E. Gord	lon 9663 Gw	ynndale I n. Maryla	r. ind
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG AFER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PERMIT THE STATE DEFAITH WIND FEMILE SHOUND SECONDAIL OF THE STATE DEFAITH AND MENTAL HYGIENE. BALTTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	TE CAUSE (LOUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE O	DF DF		culot dis	un =	KEN ONSET AND DEATH
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DIVISION HIS GRTIFIC WRITING TH VARDED TO AGE 3 SHOT AT GE 3 SHOT ZI 201 PRIOR	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 4 FER DEATH, WITH THE S: 1 BALTIMORE, MARYLAND; 5		270 I certify that I took char death resulted from Notus ACTUAL SIGNATURE STANFORM (TYPE OR PRINT)	ge of the remoins of		Autopsy cide, Mamic	PECIEVI	Inquiry , a dermined manner , and a dermined manner , and a dermined manner , and a dermined , and a dermine	DATE SIGNED Z	-3-86 . Md
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reference to the second There is a second of the second of the second of life nor some lexact said of the core of life and the lexact said of the core

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME FIRST 20 DATE OF DEATH (TYPE OR PRINT) BEN GREEN 07 20 86 1 04A 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF UNDER 24 HRS 3 SEX Sept 4, 1937 Negro Male TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED U.S.A. irginia DIVORCED [WIDOWED PRINCE GEORGE'S COUNTY IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FURNITURE RELIBIOSHER CHEVEDIY HOSPITAL AND MEDICAL CENTER 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Landover Marvland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Johnson Louise Ben Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESOOD E. Nally IYES. NO OR UNKNOWN) 229-44-8867 Scheler Green, wife Landover. Md No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (i)
PART I. DEATH WAS CAUSED BY: Cardio Respiratory Horrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Of Siesure - Cerebral metastasij. Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF CARLINOMA ? underlying couse NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G CERTIFICATION 20a AUTOPSY 206. IF YES, WERE FINDINGS USED Broncho genic carlinoma. IN CERTIFYING CAUSES OF DEATH? NON YES [71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART L OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM LETTHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE saw the deceased alive on 15 1 on the causes stated DEGREE MD ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 6005. Landover R& CHEVERLYMB d b 23c NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial Stafford, Va Family Plot 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 11 - 100 Con-15 (VRA 15, 4)

JESU 2, 1937 01 9 F. **电子器** 1 vicunia Todalnilon willianor 7909 E. Naily nd. 2-VO: 781 basivas Johnson Louise Green 19-7909 H. Bally 229-44-88c7 screler breen, wife landover, ... and the state of the state of the state of B. westeries Getterman Pluma The committee of the state of District Committee of the state of the s CONTRACTOR CONTRACTOR OF THE SECOND CONTRACTOR The state of the s July 24, 1980 Pamily Plot sv.prolissi. Isimil

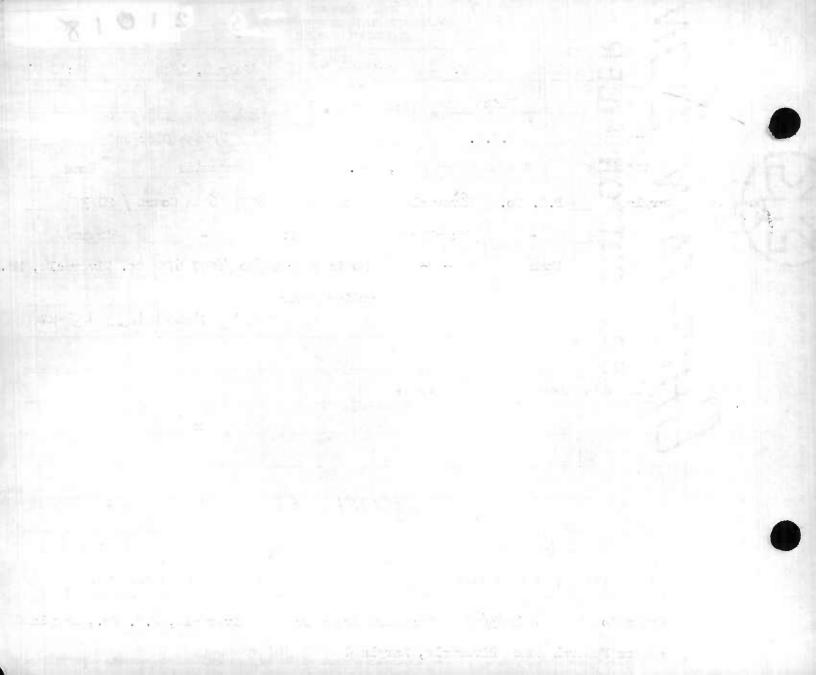
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STATE OF MARYLAND

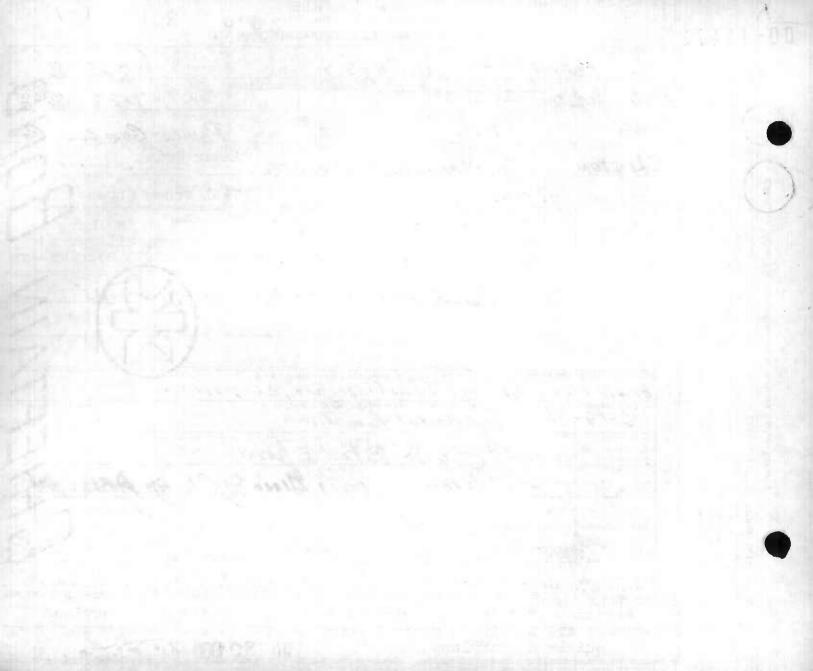
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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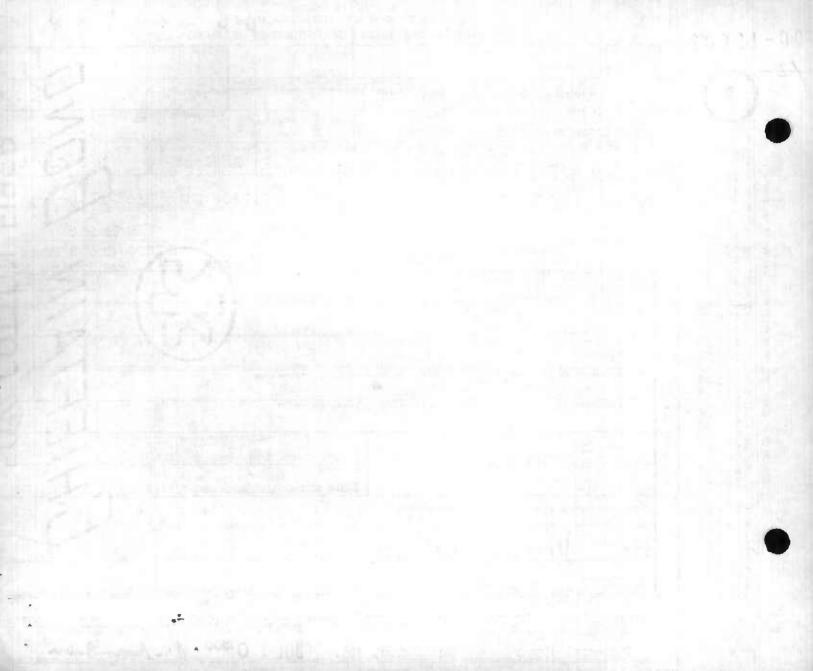
	REGISTRAR							REG. N			
	EASED NAME	FIRST		MIDDLE	ì	LAST		20 DATE OF DEATH		DAY YÉAR	26 HOUR
{ TYPE OI	OR PRINT}	Hulda	ıh	T.	Gr	igsby		July 3,	1986		6:10 A
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	THPLACE (STATE OR	FOREIGN	6 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MA	DDIED [9 BALTIMORE CITY	R COUNTY	OF DEATH	
	Oregon	4	U.S.	Α.	WIDOWE		RCED	Princ	e Geor	rees	M
CITY	Y OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITU	NOITU	120 USUAL OCCUPAT	ION	126 KIND	OF BUSINESS O
Нуа	attsville	5-10	Sacred	HEACILITY, GIVE STRI Heart	Home,	Inc.		Housewif			Home
SUAL le ST	ATE	136 COUN		GIVE RESIDENCE BEF		113d INSIDE CITY	LIMITS?	13e STREET ADDRESS	/ ZIP CODE	70	
	ryland		. Co.	Riverd	_		10 🗆		Court		737
	HER'S NAME		AIDDLE	LAST		15 MOTHER'S M					
	Robert	^	NIDDLE	McCo1	111m	FIR	Etta	MIDDLE			man
	AS DECEASED EVER			166 SOCIAL SE		17 INFORMANT		ADDR	ESS	2101	711011
(Y ES	S, NO OR UNKNOWN)	NOT NOT	war OR DATES)	544-05	-0129	Louis T	hurmai	n/Son/6277	67th (Ct. Ri	verdele,
T	8 CAUSE OF DEAT	H (Enter onl)	v pne cause per	line for (o), (b)	ond ic						XIMATE INTERVAL
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F 2 2 2	gove rise to immore couse (a), stating underlying couse	mediate ig the lost NIFICANT CI CONTROL CAUSE OF DEAL CALEXAMINER) RED	DUE TO, OI ONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 196 CONDI 197 CONDI 198 CON	DNTRIBUTING TO	DUENCE OF DEATH BUT CH OPERATIO DAY YEAR 19	NOT RELATED TO	O THE TERMI	INAL DISEASE OR CON	206. IF YES IN CERTIFYES	EN IN PART 1	INGS USED
2 2 2 2	gove rise to immacouse (o), storing underlying couse PART 2 OTHER SIGN PART 2 OTHER SIG	nediote g the lost lost NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (this hospital ed olive on did) (did not	DUE TO, OI TO DITIONS CO 196 CONDITIONS CO 197 CONDITIONS CO 198 C	DNTRIBUTING TO	DUENCE OF DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM ETC.)	NOT RELATED TO N WAS PERFORM 216 HOW INJU 216 LOCATION STREET 2 1 5 1 nd that in (my) (or DEGREE ATT PH	OTHE TERMI	200 AUTOPSY? YES NOW ED (ENTER NATURE OF INJU	20b. IF YES IN CERTIFY YES	EN IN PART 1 WERE FIND YING CAUSE S ART 1 OR PART 2) COUNTY 19 6 ond from the	STATE
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	GOVER THE SIGN PART 2 OTHER SIG	MIFICANT COLORS	(b)	ONTRIBUTING TO	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM ETC.)	216 HOW INJU 216 LOCATION STREET 2	OTHETERMI MED IRY OCCURR 19 S ENDING YSICIAN SELC EMATORY	200 AUTOPSY? YES NO SE CITY OR TO MEDICAL STA	206. IF YES IN CERTIFY YES	COUNTY S, WERE FIND YING CAUSE S COUNTY 19 S C 19	STATE STATE STATE STATE STATE STATE STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN obert Edwin (TYPE OR PRINT) DEATH MATED DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED July 27 DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Towa U/S.A. DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Finger Print 136 COUNTY Clinton 13d. INSIDE CITY LIMITS? 7901 Green Street Pr. Geo. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ethel Gustofson Walker Robert ADDRESS Sil Spr Md 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Kaye 1 Gustafson 10822 Douglas Ave 484 20 3512 WW Yes 18. CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c).) unal hometoma with complications ART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 I CERTIFICATION 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES [] NO Z OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING CONTRIBUTING CAUSE OF DEAT 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTIER DEATH, WITH THE STATE DE BALTIMORE, MARTHAND (2) 201 P WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Accident L Homicide death resulted from: Notural couses Suicide Undetermined monner MEDICAL EXAMINER 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Clinton Maryland" 28July86 Resurrection Cem 07/B4 24 FUNERAL DIRECTO Dert Wilhelm Funeral Home 256 REGISTRAR'S SIGNATURE **DHMH - 17** Suitland Maryland (VR A15 ME (5))



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PRESTON			Canditions, if	any, which	DOE TO, OK	A CONSEQUENCE	JP.						
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OF.	THE CHILD BE WENT	CER	214 EXTERNAL CALL		21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEAR	21c H	OW INJURY OCCURRE	D LENTER NATURE O	FINJURY IN ITEM 1	8 PART I OR PAR	T 2)	
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۵	HIS WAR		AT WORK AT N	WORK X	gar	rage	72	04 King Ric	chard Dr	, Clint	con, P	.G. CC).,MD.
1	ATE ORN		22a. I certify that	t I took charge	e af the remains desc	ribed abave, held an	Autop	sy X, Inspection	Inqui	ry . a	nd in my opi	nian	
	WHEN THE WAY		death resulted fra	m: Nature	al causes , _	Accident X , Su	icide	, Hamicide .	Undetermined	manner			1 - 100
	AN WEST		ACTUAL	Mar	1 (110		TITLE (SPECIFY)					
	BEEREN -	1	SIGNATURE	JUOU	HAVE !	MADUL	M	Assistant	MEDICAL EX	AMINER	DATE	7/4/	/86
	WO S DE		EXAMINER'S NAME	E Ma	vocavita A	Venell N	D	111 -	onn Ct	Dela	. AMD		
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNETAL AFTER DEATH BALTIMORE	22 - 0	(TYPE OR PRINT)					ADDRESS 111 F			co.MD.		
		230.B	URIAL, CREMATION,			23c. NAME OF CEA			23d LOCATION		COUNT	_	STATE
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	DHMH - 17 (VR A15 ME (5))					Sui+land	EM.		0 1900	· Asi	Kinda	Po des	
	(VR A15 ME (5))		Funer	al Ho	me	Suitland	, Md		0,000	alia .	Duridum	Londor	



10-12912	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. I	
- 0 we	LIVEE OF PRINTS		IDDLE	LAST	20. DATE OF DEATH	2)
poge r deoi	3. SEX	RBARA	ПАР	IMGIL-	6. AGE (IN YEARS LAST B	7 - 13 - 36 10 7 M
ofter. a				MONTH DAY YE	4B	MONTHS DAYS HOURS MIN.
Ours ours	Female 7a. BIRTHPLACE (STATE OR FOR	Cauc.	VHAT COUNTRY? 8	12 4 189		OR COUNTY OF DEATH
death. R	Turkey	Turkey		MARRIED NEVER MARRIE	D PRINCE	CEULBES CO MD.
by the f	CHNTON	So M	AFRY LAN	D HUSPITI	. (TYPE OF WORK FOR MOST	
filled in	Maryland :	6 COUNTY	Oxon Hill	13d INSIDE CITY LIM YES 🛣 NO [Hill Rd. 20745
MARY de - ith mpletely ond 2 s	14. FATHER'S NAME Tadros	MIDDLE	Samaan	15. MOTHER'S MAID Zari		Bououtros
# -3 Po S BT	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166. SOCIAL SECURI	TY NO. 17 INFORMANT	ADDI	RESS
F 600	no	IF TES, ONE WAR OR DATES	215-70-97	45 Dr. Yorgu	y Hakim same	as item 13
quyes that the death a signed by the attendin the please remove carb to burial, cremation, or nijury, ar ather troumatic	Conditions, if any, we gove rise to immedicate (a), stating underlying cause	which diote the lost. (b) DUE TO, OR	AS A CONSEQUEN AS A CONSEQUEN NTRIBUTING TO DE		IE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
L RECORD Le low requirements bos been s permit. The sne prior to	190 DATE OF OPERATION	ON 196 CONDIT	TION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SION OF VITA PHYSICIAN: TI PHYSICIAN: TI PHYSICIAN: TI This certificate buriol-fronsit di Meniol Hygi da ctern 8	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURREI	JSE OF DEATH HOUR A.M. EXAMINER) P.M. D 21e. PLACE O	A. MONTH DAY A. DEINJURY	19 211. LOCATION	OCCURRED (ENTER NATURE OF INJ	JURY IN ITEM 18. PART I OR PART 2)
Alter the se os the marked marked	WHILE NOT WHILE	[AT HOME, STRE	EET, FACTORY, OFFICE, FARA	A, ETC) STREET	CITY OR T	OWN COUNTY STATE
ATTER aspital aspital d for u d for m 1. of He m 21 is	saw the deceased	nis hospital) attended the alive an Technology (did not) view the body a	N 15 19 8	7/3, 19_ , and that in (my) (our) o	pinion death accurred on the	dote and hour and from the causes stated
TAL OR RAL DIR detache fore Dep	am	extah		ATTENE PHYSIC	ING MEDICAL ST.	AFF 1CIAN 7/13/86
TO HOSPIT. TO FUNER, Should be downth the Strone MAPORTAN	ROBENT		ZBALA	278. ADDRESS	Liminisma	MD. 20744
O 등 O 유 및 및	230. BURIAL CREMATION RE	MOVAL 236. DATE	23c. NA	ME OF CEMETERY OR CREMA	TORY 23d. LOCATION	VIII
BP	Burial	7/15/8	6 Res	urrection Ceme	tery Clinton	P.G. Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	160 Oven Hil		2		R 255 REGISTRAR'S SIGNATURE

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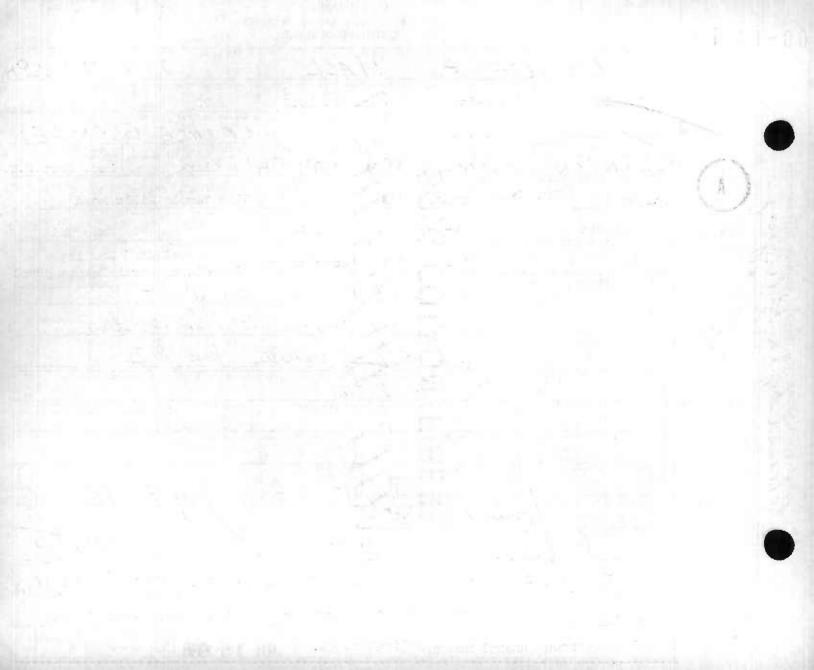
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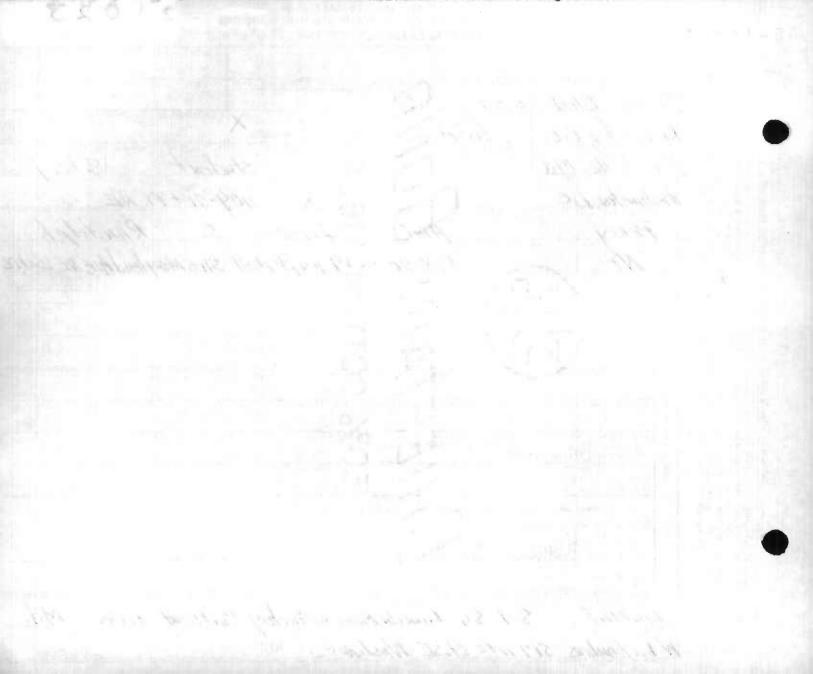
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1. DECEASED NAME MONTH 2b HOUR (TYPE OR PRINT) 86 1 SEX 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR MONTH Female Caucasian Jan. 18, 1916 70 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVER MARRIED North Dakota U.S.A. WIDOWED X DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION WORK FOR MOST OF WORKING LIFE) INDUSTRY Fed. Govt.H.E. Clerk 113e STREET ADDRESS / ZIP CODE Pr. George 13c. CITY OR TOWN 13d. INSIDE CITY MMITS? Temple Hills 5119 Temple Hills Road Maryland NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Albert Gajewski Wruck Louise ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Rual Rt 6 Box 143 (YES, NO OR UNKNOWN) HE YES. GIVE WAR OR DATES! 501-16-8281 Beatrice Brandt 18 CAUSE OF DEATH (Enter only one couse per line (gr. to.), (b) fond to PART I, DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH/BUTLINGT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED M. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES NOT YES T NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARMAETC) CITY OR LOWN NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an () Will Tobaye, (1) (we) (did) (did no) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DAJE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 236 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE (SPECIFY) 7-11-86 Oak Creek Cemetery Bottineau, North Dakota Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 IVes-Pearson Funeral Homes Arlington, Va. frain Lave (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN K MONTH (THE CH PRINT) ESTI-DEATH MATED MARGUERITE HALL 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 24 HOUR MONTH YEAR LAST BIRTHDAY PRONOUNCED 7-27-86 DEAD 5AM 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED Prince George's County 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Andrews Air Force Base UAL RESIDENCE (IFTN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? TAB. SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III IVI DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [71a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 4:50AM subject found in swimming pool 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK WHILE CITY OR TOWN a a home 3109 Orlens St Forestville, Maryland Autopsy X 220. I certify that I took charge of the remains described above, held on Inspection Inquiry Natural causes Accident X Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 24 FUNERAL DIRECTOR (VR A15 ME (5)) - wurdson-hang





1					STATE	OF MARYLAND			2.00
	1-	FOR STATE REGISTRAR		DEPARTI		CATE OF DEATH	GIENG 6	2	0 2 5
2215	I. DE	CEASED NAME FIRST		MIDDLE	L/	AST	2a. DATE OF DEATH		YEAR 2b. HOUR
0 0 T	(TYPE	OR PRINT) MARIA	AN	HARDING			07/08/86		0.05
0 0	3. SE		I4 RACE	muzino	5. DATE O	F BIRTH	6. AGE IN YEARS LAST BIRT	HOAY! IF UN	2:35a
				45.b	MONTH	DAY YEAR	01	MONTH	HS DAYS HOURS A
.1.	2- 91	Female RTHPLACE (STATE OR FOREIGN	cauc	ASIBN FWHAT COUNTRY?		ch 7,1905	9 BALTIMORE CITY O	YRS.	DEATH
考加。		COUNTRY)			MARRIED	NEVER MARRIED			
1		aryland TY OR TOWN OF DEATH	USA		WIDOWE	ROTHER INSTITUTION	PRINCE GER		OUNTY No KIND OF BUSINESS
4	-	aurel	GREATE	R LAUREL	BELTSV	ILLE HOSP	Housewif	WORKING LIFE) IN	NDUSTRY Home
36	130 S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTIONTY	13c. CITY OR TOW	VN	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / 966 Nicho	ZIP CODE 1s Dri	ve 20707
	JAPE A	aryland I	G	Laure.		15 MOTHER'S MAIDEN NA			
En		FIRST	MIDDLE	The borr		Emma	MIDDLE		Beckwit
4	160 V	Edward VAS DECEASED EVER IN U.S. A	H.	Robey	IRITY NO	17 INTO DAY ANT	ADDRE	55	
Jedy J		VES NO OR LINKNOWN) LIE YES	NZA.	215-66-		Morris Ha 11214 Che	rding rry Hill R	D Belt	
ť		18. CAUSE OF DEATH (Enter	only one cause p	er line far (a), (b), an	nd (C)				APPROXIMATE INTERVA BETWEEN ONSET AND DE
1	-	PART 1. DEATH WAS CAU IMMEDI	ATE CAUSE (a)_	Caxo	liae	Arrest			
ptic		Colon Hard Colon	DUE TO.	OR AS A CONSEQU	ENCE OF	0 . 0	7		
E no		Conditions, if any, which	(b)_	con	ges tw	e heart of	acture		
er tr		gave rise to immediate cause (a), stating the	DUETO	OR AS A CONSEQU	ENCE OF		6	100	
oth		underlying cause last	(c)_		rece li	re Cardism	yo hally		
o ×		PART 2. OTHER SIGNIFICAN	CONDITIONS				MINAL DISEASE OR CON	ITION GIVEN II	N PART I (a)
5	ON N	Coronory an	Teny du	sease, al	ortic.	stenosce, m	ral nutr tion	, alna	I filmlate
(F)	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE	ERE FINDINGS USED G CAUSES OF DEATH?
1	E						YES NO 3	YES [
0	E E	21a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH D	AV VEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I	OR PART ?)
2	¥	OR CONTRIBUTING CAUSE OF E	LAIN .	P.M.	19				
-	MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY		211 LOCATION	CITY OR TO	arb.i	COUNTY STAT
o e	Z	WHILE NOT WHILE AT WORK	(AT HOME,	STREET, FACTORY, OFFICE, I	FARM, ETC)	ZIMEEL	CITORIO		3141
E S		27a I certify that (1) (this he	pital) ottended	the deceased from_	7 - 7	7 19 86	to 3-7		86_, that (h (we)
.50		saw the deceased alive	on	7- 19	86 , an	d that in (my) (ger) apinion	death occurred an the do	te and have and	
E		above, (I) (we) (did) (did 27b, SIGNATURE	not) view the bac	dy alter death.	-	DEGREE			22c DATE SIGNED
*	179	10/	V1107	an .	N	ATTENDING	MEDICAL STAF	F	7/8/86
2-1		224 PHYSICIAN'S NAME CITY	ORPRINI	9		TITISICIAN	DIRECTOR PHYSIC		1/ -/
A CONTRACTOR AND A CONT		RAVINDER		TAGI, M	D	ChoNe	rly, Ma		
1		BURIAL, CREMATION, REMOVA	AL 236. DATE	23c I	NAME OF C	METERY OR CREMATORY	234 LOCATION		
		Burial	7/10	100 1	Inion	Cemetery	Burtons		PAOL TOPING
	24 FI				7-2	25h. DA	TE REC'D. BY REGISTRAR		
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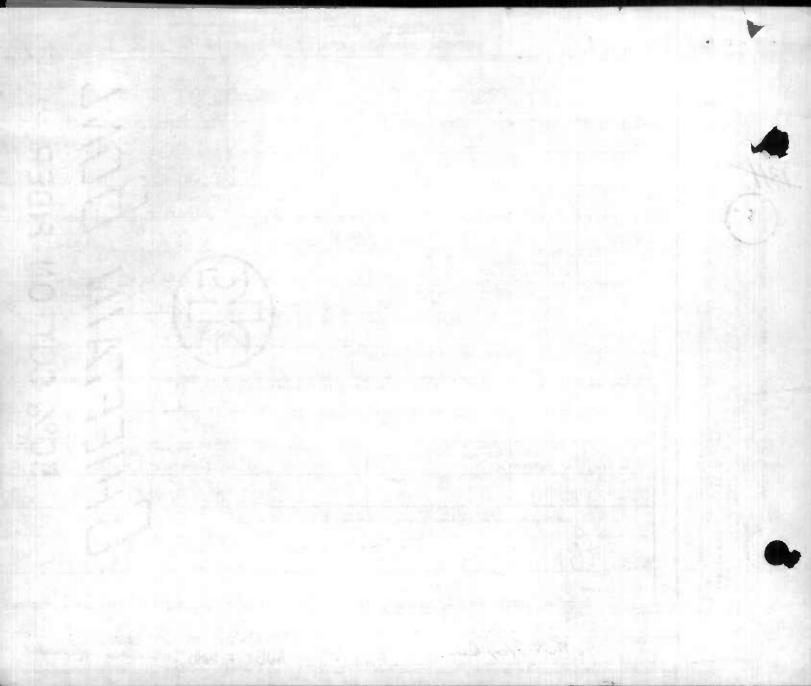
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 2 TUL4 1986 HERBER 4 RACE & AGE LIN YEARS LAST BIRTHDAYS 3 SEX DATE OF BIRTH 113 Black. Male 05 To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWEDX DIVORCED [10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Laborer Farming 13b. COUNTY 13d INSIDECITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Prince Geo Aquasco 21104 Aquasco Rd. 20608 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alexander Daniel Hardy Eliza Gross Ann IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (YES NO OR UNKNOWN) HE YES. GIVE WAR OR DATES! 216 12 2693 Ravnor Hardy SAA APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an. & 6, and that in (my) (aur) apinian death accurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE DEGREE 24 DATE SIGNED ATTENDING MEDICAL PHYSICIAN PIRECTOR PHYSICIAN 22e. ADDRESS d b APONE 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) STATE Burial 24 July 86 St Thomas Ch Cem Brandywine, Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN TYPE OR PRINTS OF ESTI-Francis Hardy, Jr. DEATH MATED Howard July 31 1986 & AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE 0:55 Male White LAST BIRTHDAY PRONOUNCED 38 Aug. 1947 DEAD 1986 31 July P. M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland USA WIDOWED _ DIVORCED Prince George's County, 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Cheverly Prince GEorge's General Hospital Paper Cutter Tri State Env. 30. STATE COUNTY 13d. INSIDE CITY HAUTS? 13e STREET ADDRESS Maryland A A Co. Glen Burnie YES [503 McPherson Road FATHER'S NAME 15 MOTHER'S MAIDEN NAME Howard F. Hardy, Sr. Hesther G. Fowler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (Wife) YES, NO, OR UNKNOWN] Yes 1966-1968 217.52.4085 Mrs. Gretia L. Hardy Same as 13 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt Trauma to Chest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD POGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE ELL AFTER DEATH, WITH THE STATE DEPARTMENT OF BARTIMORE, MARTHAND, 21201 PRIOR TO BUIRT YES XX 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR XX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 10: 00 RM motorcyclist in collision with auto(s) 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM ETC.) AT WORK AT WORK highway Baltimore-Washington Parkway, Laurel, Prince George's Co., Md. 220 I certify that I took charge of the remains described above, held an Autopsy XX Aggident X Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 8-1-86 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Aug. 5, 1986 Md. Veterans Cemetery 07/84 Crownsville A A Co. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** runa Davidson-Mandalle Singleton Funeral Home GLen Burnie, Maryland (VR A15 ME (51)



	1	/			STATE OF MARYLAND	The second second	THE TANK THE TANK
	1	FOR 51AI		DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 6 2	1028
12054	1 100	SEGISTRAR		MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 125 HOLLR
		CEASED NAME FIRST	- A		(Fee	20. DATE OF DEATH MONTH	11 61
deo deo	3.56		ert C.	. narsi	barger L. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	4 86 7:30 F
4 55	1, 30	Male		asian	MONTH DAY YEAR		MONTHS DAYS HOURS M.
1 11 11	7+ 8	INTHPLACE LISTATE OR FOREIGN		WHAT COUNTRY?	August 21, 1908	9 BALTIMORE CITY OR COL	RS NTY OF DEATH
1 135	1	Maryland	USA	A	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George	
# 74	1	THE OR TOWN OF DEATH	Prince	e Georges	General	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Retired	NG LIFE) 126 KIND OF BUSINESS (INDUSTRY US Gov t
THE REST		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	e George	I GIVE RESIDENCE BEFORE BOWLE BOWLE	ADMISSION) N 13d INSIDE CITY LIMITS? YES 25X NO	12319 Stoneha	code avenLane 20715
	pri	ATHER'S NAME	MIDDLE	1AST	15 MOTHER'S MAIDEN NA	AME	1241
1701	1	Benton	R.	Harshbar	ger Cath	erine W.	Jones
1 1 1		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS 01	10 Narrows Lane
1 12 1/		уев	(VE WAR OR DATES)	WW II	Carine Gorma	n Bow	le. Md. 20716
1 111/		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane couse pe	er line for (a), (b), on	dical		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
of the second			TE CAUSE (0)	Icel	emer Heart	Iseasi	5 years
that the de d by the ast east remove al. cematic or other trau		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	dr as a conseque	NCE OF		
the plant	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	GIVEN IN PART I I a
The state of the s	RTIFICAT	90 DATE OF OPERATION		DITION FOR WHICH	operation was performed	YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
37 994 8/	S	21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		OF INJURY	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
X 101 17	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P	P.M.	19		
of the state of th	MEDIC	21d INJURY OCCURRED RE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE F	ARM, ETC 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10	The I certify that (1) (this hasp			MAY 1 19 86		
B 8 6 9 4 8		saw the deceased alive a abave (l) (ive) (did) aid n	ati when the bade	y after death.	ond that in [my] our) opinion	death occurred on the date and	hour and from the causes stated
医		22b. SIGNATURE	9		DEGREE		224 DATE SIGNED
3 3 3 1 4 1		T	how	Lor	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	715/86
MATA SATA	1	220 PHYSICIAN'S NAME			22e ADDRESS		
P P P P P P P P P P P P P P P P P P P		Nelson G. Go	odman 1	MD	3231 Super	ior Lane, Bowie	. Md. 20715
51 5213	23a.	BURIAL, CREMATION, REMOVA			AME OF CEMETERY OR CREMATORY	23d LOCATION	
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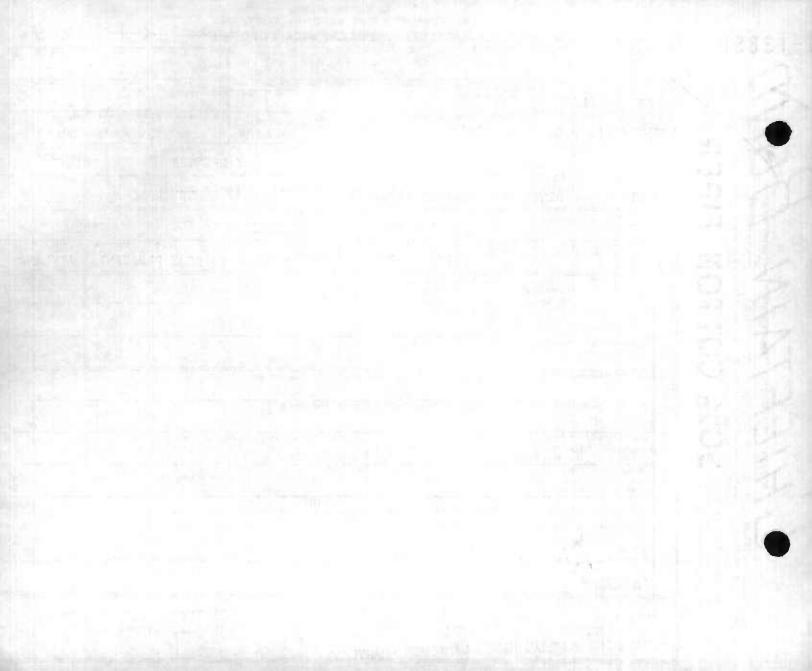
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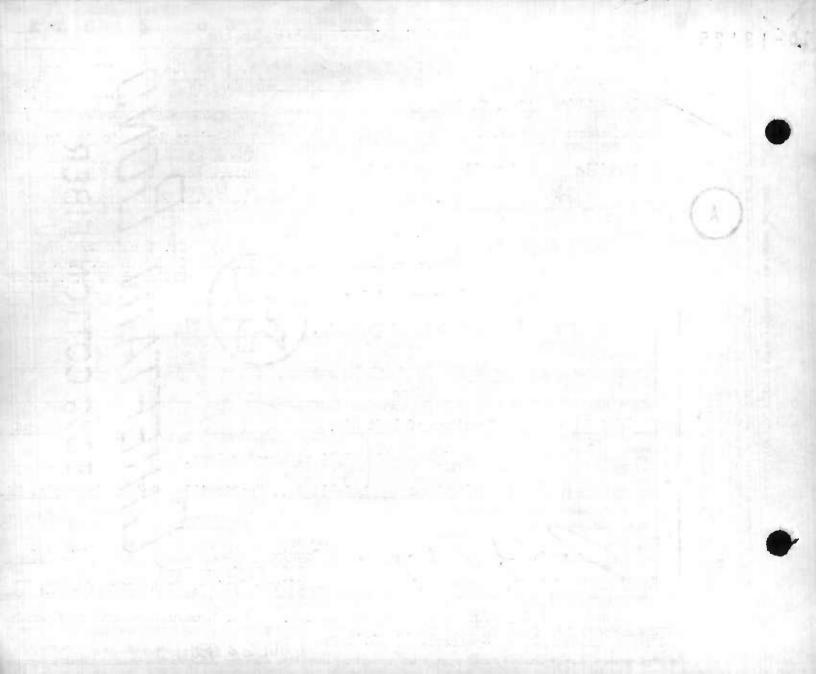
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL ING PHYSICIAN. The low requires that the death certificate be executed with a criterial physician. We see signed by the ottending physician and completely she but sertifications to permit. Then please remove carbon papers, Pages Pagel 2's	, or		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE 1	IERMINAL DISEASE OR CO.	NDITION GIVEN IN PAR	Llie
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O P OF Se os	morn mor		220.1 certify that (I) (this hospi	tol) attended the deceased	from 5/	19 8	36 10 7/1	0 10 86	that (I) (we) last
TEN Sife! TOR	of He 21 is	н	saw the deceased alive on	0 0 1/10	19/ 186 . 00	d that in (my) (aur) api	nion death occurred on the	date and hour and from	the causes stated
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of o	3 3	23a. E	URIAL, CREMATION, REMOVAL		23¢ NAME OF C	EMETERY OR CREMATO	DRY 23d LOCATION		
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Property Control			GIVE WAR OR DATES) 266 - 76	1	2703 Homble	ton Rd, Am apolis!
to been signed by the or or the prior to burio, cremative prior to burio, cremative ony rejury, or attler tro	RCATION	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	DUE TO, OR A TONGE (c)	DEATH BUT NOT RELATED TO THE TER.	20g AUTOPSY? 20b II	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Historic to the 18 short	AL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEA	YES NO MIS PART 1 OR PART 2)
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o FUNER Could be a thinks Signature		Barry	Rosenberg	22e. ADDRESS 6501 Land	Nover Rd, Lan	dover, Md. 207
3P	23a.	BURIAL, CREMATION, REMOV	7/9/86 23b. DATE	NAME OF CEMETERY OR CREMATORY Lake Side	Port Huro	
MH - 16 50M 4/83	24. F	UNERAL DIRECTOR	Funeral 7474	Landover Rd 250 DA	TE REC'D BY REGISTRARIYSE RE	GISTRATS SIGNATURA



STATE OF MARYLAND FOR - STATE REGISTRAR REG. NO 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) ESTI-L. DEATH MATED 19 86 Katherine Healy 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 19 86 Sep. 3, 1895 DEAD Pemale 90 White b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Massachusetts U.S.A. DIVORCED Prince George's County D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Chiefor & Exing LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Veremanay Hyattsville Carroll Manor Nursing Home Correspondence Administration 130 STATE 13d. INSIDE CITY LIMITS? 1628 N.E. Poinsettia Drive Florida Broward Ft. Lauderdale 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Kinsella Mary John Lynch 17 INFORMANT (Nephew) 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. Stopre aul's College (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Father Jack Lynch 262-80-7282 3015 4th St. N.E. Washington, De Camai 20017 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Pulmonary embolus IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which fracture of left hip. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? 7/4/86 Fracture of left hip. YES [NOX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING NOR 1986 Fell at nursing home. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. WHILE AT WORK AT WORK Nursing Home aSalle Rd., Hyattsville, Prince George's, Md. Inquiry X 220. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7/18/86 Deputy SIGNATU MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c: NAME OF CEMETERY OR CREMATORY 07/22/86 Oueen of Heaven Cem. Ft. Lauderdale Broward Florida Burial 24 Furancia Clasch's Sons Funeral Home, P.A. 4799 Baltimore AVenue Hyattsville, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** rine Handon-Mandelle (VR A15 ME (5))



		STATE OF MARYLAND
00-	12875	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.:
4		1 DECEASED NAME FIRST MIDDLE 1 LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
Ø	ay be	SUANITA - HERRMANN SULY 13. 86 6= MM
	T po	3 SEX A RACE S. DATE OF BIRTH ANNIES DATE HOURS MIN.
	ado, and a	Female White 2/9/9/ 73 YRS 10. BIRTHPLACE OSTATE OR FOREIGN 78 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH
	11197	WASH, D.O. U.S. WIDOWED DIVORCED DONALD CONTROL OF CHONGES CHINA STORES
	(c) (6)	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 128 KIND OF BUSINESS OR
201	(")10	Mannest 1/5/10, md, Ke Rewly Housewife Home
AND 2120	filled in	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 138 STREET ADDRESS / ZIP CODE, 138 STREET ADDRESS / ZIP CODE, 130 STREET ADDRESS / ZIP CODE, 2014
ARYL	1 19/16	Marion Crowther Jeanette Dement
E, M	P 0- 0	Mailon Clowline Seatielle Delitent 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
MOR	on pad on	(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-46-8505 / Christina Boyd Same as #13
BALTI	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	It CAUSE OF DEATH (Enter only one course per lipe for (in), (b), up to (c))
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	54 54134	THE BURIAL CREMATION, REMOVAL THE DATE THE NAME OF CEMETERY OR CREMATORY THE LOCATION CHY OR TOWN COUNTY STATE
	BP	Burial 18July86 Cedar Hill Cemetery Suitland PG Md
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN IN MONTH (TYPE OR PRINT) OF ESTI-AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS M HOUR DATE LAST BIRTHDAY PRONOUNCED 30.1936 Jan. DEAD To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. D.C. Prince George's WIDOWED DIVORCED CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Homemaker Cap. Own Home 13n STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. YES X Clovis NO [] 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bennett Alleane Boyd 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO ADDRESS I HEYES GIVE WAR OR DATES 579-26-5859 Carolyn Garrison-Same as 18 CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL NO I 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian TO MEDICAL EXAMINE
EXECUTE THE CERTIFICA
PAGE 4 SHOULD BE FR
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALLIMORE, MARYLAN Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME. Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD HARMONY MEM. LANDOVER 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE DHMH 17 H.S. WASHINGTON + SONS 4925 BURROUGHS AVE. N.E. (VR A15 ME (5))

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Suitland, Md

(VRA 15, 4)

Funeral Home

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			1 -	STATE REGISTRAR			CERTIFIC	ATE OF DEATH	0	REG. NO.	10	3 /
1	564		I. DE	EASED NAME	FIRST	MIDDLE	LAST		2a DATE OF		DAY YEAR	26 HOUR
1 1	3	37		OR PRINT)	IRÈNE	G . V	Н	JDSON		07	27 86	9 45Å M
	poge 3		2 053		4. RACE	9 . 1	5 DATE OF		A AGE UNY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	E H		3. SE	1	4. RACE	11:77	MONTH	DAY YEAR	115		MONTHS DAYS	HOURS MIN.
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	4 43	CXY	₹a. BI	RTMPLACE (STATE OR	FOREIGN 76 CIMZ	EN OF WHAT COUNTRY	Y? B	NEVER MARRIED		RE CITY OR COUNTY		
	1 07	10/		COTLAN	DEI	VGLAN D	WIDOWED			E GEORGE'S	COUNTY	MD.
	D 24	27/	10, C	TY OR TOWN OF DE				OTHER INSTITUTION	120 USUAL	OCCUPATION		BUSINESS OR
2	1	189	CH	EVERLY		OT IN SUCH FACILITY, GIVE STRE		AL CENTER	OFE	CATOR.	Phon	F. Co.
2	1	15	APSU.	RESIDENCE (IF NUR		TITUTION GIVE RESIDENCE BEF	ORE ADMISSION)				111	711
2	1 7	151	130 3	TATE	136 COUNTY	13c. CITY OR TO		BILLINSIDE CITY LIMITS?	11/11/	ADDRESS / ZIP COD	7 Aut	185
5	1	2	14.54	THER'S NAME	186016	OI KANPU	V Cal	YES NO	4066	- WAKRER	FIVE	<u></u>
¥.	4	No.1	III. FA	FIRST	WIDDLE	LAST		FIRST		WIDDLE	LAST	
2	pa di	/#//		GEORGE		WALSON	,	UNI				
Ä,	n c	9 1		AS DECEASED EVER	IN U.S. ARMED FOR		CURITY NO. 1	SAUNPRA	1	ADDRESS SA	ME AS	130
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AL.	te b	- 4		18 CAUSE OF DEAT	H (Enter only one co	ruse per line for tot, (b),					APPROXIA BETWEEN O	MATE INTERVAL
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2	out of	e e			IMMEDIATE CAUSE					1119117		
2	end oth	otion, or traumatic				TO, OR AS A CONSEC	- /					
SE SE	de de	trau		Conditions, if any gave rise to im		16) 11 Ver 1-6	alure					
, ,	th th	her		couse (a), stati		TO, OR AS A CONSEC	DUENCE OF					
2	tho d by	or of		onderlying coust	((c) Kidney	railu	(e				
, 2	gne	7, 60	-	PART 2 OTHER SIG	NIFICANT CONDITI	ONS GONTRIBUTING	O DEATH BUT N	OF RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GI	VEN IN PART 10	
N N	is us	inju	CERTIFICATION				erticu	li h's				
	3 0	a de la	18	198 DATE OF OPERA	TION	CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTO	OPSY? 20b. IF YE	S, WERE FINDIN	GS USED OF DEATH?
IVISION OF VITAL RE	on.	1 5 0 0	E	6/28/8	6	Perforated	Diver	oculitis	YES 🔲		ES 🗌	NO
=	ysica cate	Hygie 18 sbo	W.	21a. ACCIDENT WAS UN		TIME OF INJURY		116 HOW INJURY OCCU	JRRED (ENTER NA	TURE OF INJURY IN ITEM 18	PART I OR PART 2)	
4	Phy	tem l		OR CONTRIBUTING	CAUSE OF DEATH	DUR A.M. MONTH P.M.	DAY YEAR					
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ISIC	tend th	ed o	A.	WHILE NOT W	HILE (AT	HOME, STREET FACTORY, OFFIC	E. FARM ETC)	STREET		CITA OB JOMN	COUNTY	STATE
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	OL O	Head		saw the decen	_	nded the deceased from	_ 0/0	that in (my) (aur) opinio	o death accurre	d an the date and ha	-	that (I) (we) last
	Sprt	2 a a a a a		obove, (1) (we)	did) (did not) view th	e body after death.			on deam decome	of the dote and no		
	or he ho	Dep		226 SIGNATURE	130 hung	SMUMAE TAN	DE	GREE ATTENDING	MEDICAL	STAFF	22c. DATE S	alv I
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	0 e 0 .	£ 3 ₹	23a	SURIA CREMATION	, REMOVAL 236 D	ATE 23	NAME OF CE	METERY OR CREMATOR	Y 23d LOC	ATION		
	BP			SPECIFY)		19-8/ 1	RIVEDN	ME PUMPE	" Main	5 AT	- RILLED	DALE M
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

FOR

Ives-Pearson Funeral Homes, Arlington, VA

Calvary Cemetery

1,1980

Aug.

Burial

24 FUNERAL DIRECTOR

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CITY OR TOWN

Kansas City, Missouri

COUNTY

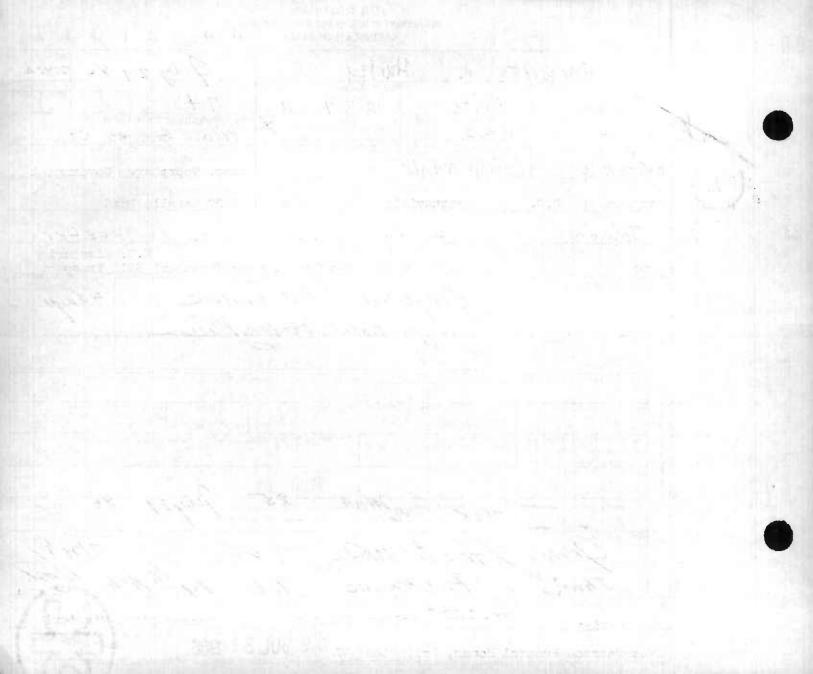
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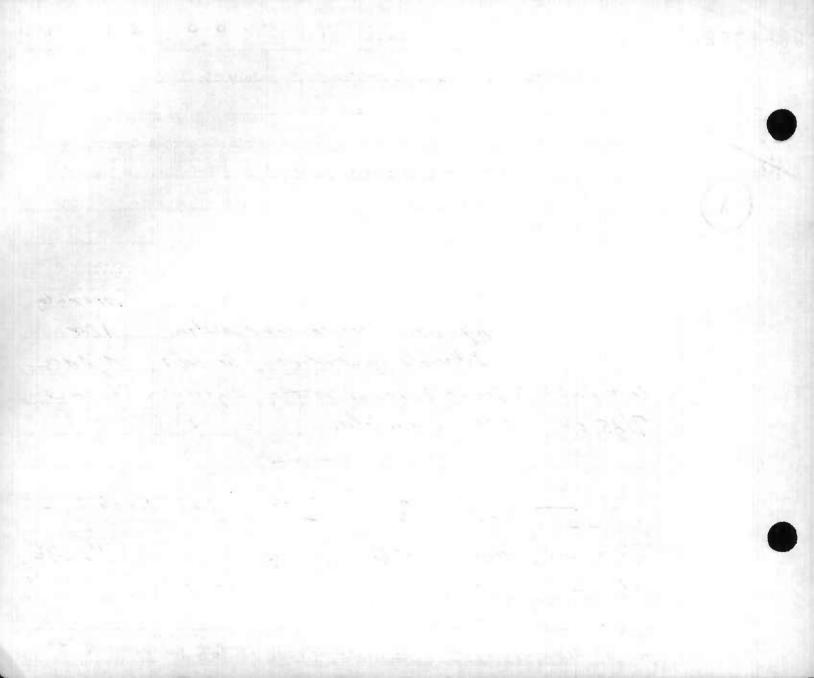
26 HOUR

IF UNDER 24 HRS

NO [

STATE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1 - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIEN 6 2 1	0 4
T. DECEASED NAME PROT	MEGUI	LAST	Ja DATE OF DEATH WONTH DE	IF YEAR 25 HOUR
Gerti	Black	JACKSON 1 DATE OF BIRTH Peb. 28,1918	68	9:45PM
76. BIRTHPLACE 1514TE OF FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DWORCED	Prince George	S AD
Lanham	AMI Doctor		Its USUAL OCCUPATION ITS OF WORK FOR MOST OF WORKING LIFE) Retired-Presse	in Kind of Business OR
ISL STATE MG . INC.		OWN 136 INSIDE CITY LIMITS?	DESTREE ADDRESS / ZIP CODE 1117 Cap. View	Br. # 943
Dennis	Jacobs	Rox1eann	MEXIDIS	Formby
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21s. ACCEDENT WAS UNDERLYING	DEATH HOUR A.M. MONTH	21s. HOW INAURY OCCU		ING CAUSES OF DEATH?
214 INJURY OCCURRED WHILE INDOM AT WORK	234: PLACE OF INJURY (AT HOME, STREET, FACIDRY, OFFIC	TH LOCATION	CITY DE 10WH	COUNTY STATE
220.1 certify that (I) (this has say the decaused olive obtave, (I) (wer) (did) (did) 226. SIGN TUN MANUAL 220. PHYSICIAN'S NAME (THE MARKET MARKET COMMANDER)	n 1. MULOZ So rend V Tors Guer	DEGREE ATTENDING PHYSICIAN TO ADDRESS WAY (n)	DIRECTOR PHYSICIAN D	ond from the course shated 72s Date SIGNED 9 K
734 FUNERAL DIRECTOR H-S. WASHINGTON	4 //-	HARMONY MEN. PARK WARMONY MEN. PARK WARMONY MEN. PARK WARMONN MUG, N.C. A	THE RECT BY REGISTRANDIA REGISTRE	ARS STONATURES AND

DHMH - 16 60M 7/84 (VRA 15, 4)

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oy be	{TYPI	E OF PRINT)	EODORE T	. JA	CKSON		1	7	25	86	4 29AM
ق م	3. SE	X	4. RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
ge 4	M	ale	black		10	9 35	50	YI	RS.	13 DATS	HOURS MIN.
Shoulding Po	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE		8. MARRIE	NEVER MARRIED		RE CITY OR COU			81116
uner uner	-	shington, D.C.	U.S.A.		WIDOWE			NCE GEORG			MD.
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ompletely in exominer	14. F	ATHER'S NAME FIRST Ruben	MIDDLE	Nash		IS MOTHER'S MAIDEN N FIRST Grace		MIDDLE Jac	kson	XXX	MARKK
5 N. F. L.		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16	SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	440	Odell	ROAd
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equires the signed Then ples rate burio injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO [<u>DEATH</u> BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE OR CONDITION	I GIVEN I	N PART I	
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is certificate by burial-tronsit g		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		NJURY MONTH DA	YEAR	21c HOW INJURY OCCU	RRED (ENTER N	ATURE OF INJURY IN ITE	A 18 PART 1	OR PART 2)	
ding ph ding ph is certifi burial-tr Mentol or frem l	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.		19						
d d d d	MEC	21d, INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF	FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
After After ce as the oith o		WHILE NOT WHILE AT WORK 220.1 certify that (1) this hasp	utal) attended the o	deceased fram	71	23 19.24) to	7/27	19.0	6	tho () (we) lost
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OR ATT OR ECT DIRECT Dept of H them 2		22b. SIGNATURE	or, view tile body of	jer dearn.		DEGREE	/			22c DAJE	SIGNED
i te t		wan.	for		1	ATTENDING PHYSICIAN	MEDICAL	STAFF]	7/2	5/86
HOSI bined S FUN ould b		DON H. YOU	conowida			220. ADDRESS	enbelt	Rd., Su	te 1	الراه	ectrook, n
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7/30/8			emetery or crematory di Nat. Mem.	0.174	COR Educate	000	UNTY	SIATE MD
BP	24 F	UNERAL DIRECTOR ROLLI	1,1-1	AL HOME,		25a. DA	ATE REC'D. BY	registrar 256. RE	GISTRAR	S SIGNATI	URE nda Ella
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by 6	page deot	/		May 1	11.17	RTHM	Virgi	notal l	VKINS			-	7 8	0 /	M
200	0 5		3. SEX			4 RACE		S. DATE C	DE BIRTH I DAY YI	EAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DA	AYS HOUR	DER 24 HRS
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and the	150	1		Virginia		US		WIDOWE	D NORC	ED 🗌	PRINCE		CUNG		O MD.
	2 1	1//	TII CI	TY OR TOWN OF DEAT	Н		HOSPITAL, NURS		R OTHER INSTITUTI	ION	12a USUAL OCCU			D OF BUS	INESS OR
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ISION OF VITAL RECORDS,	hos t pe	3	CERTIFICATION								YES NO		YES 🗌		
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9 2 5	9 pl	E	AL	OR CONTRIBUTING CA		NID .		19	1						
NO NH	bur bur	o H	MEDICAL	21d INJURY OCCURRE	D	21e. PLACE		11 - 23 - 6	211. LOCATION	A. Jb	CITY	OR TOWN	COUNTY	v	STATE
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A S	TOR or o	21 is		saw the deceased	d alive an	4001	19	S- /	nd that in (my) (aur)	apinian d	eath accurred an t	he date and h	aur and fram	the causes	s stated
A	hed f	ea ,		abave, (1) (we) (di	d) (did na	t) view the body	ofter death.	10	DEGREE		1	-	22¢ D	ATE SIGNI	ED
O	a 0 00	#		A	. \	1 16 (1	4_	A. ATTEN	DING X		STAFF		1-74	-XC
IATIO	ERAL e detce Stote	Z		22d PHYSICIAN'S NA	ME LTYPE C	OR PRINT)	100		22e ADDRESS	ICIAN LX	DIRECTOR PH	YSICIAN		-1	2.200
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		-	73a E	SURIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREM		23d LOCATION		COUNTY		STATE
	BP	-	24	Burial	1714	7-26			y Memori		Waldo:		Chas.		Md
DH	IMH - 16 60N	7/84		UNERAL DIRECTOR			P. Queres	Box 1	56	25a. DATE		KAR 756 REGI	Davidson	NATURE	مثثله
	(VRA 15, 4)		HUNTT FUN	ERAI	HOME	Waldor	f, Md	. 20601	JUL	28 198) Flena	freth/drap.	1	

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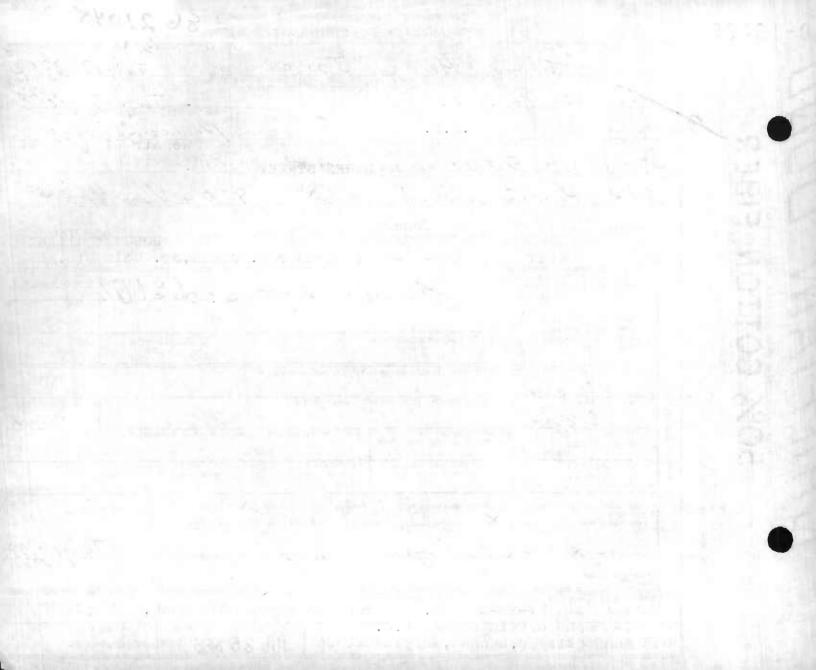
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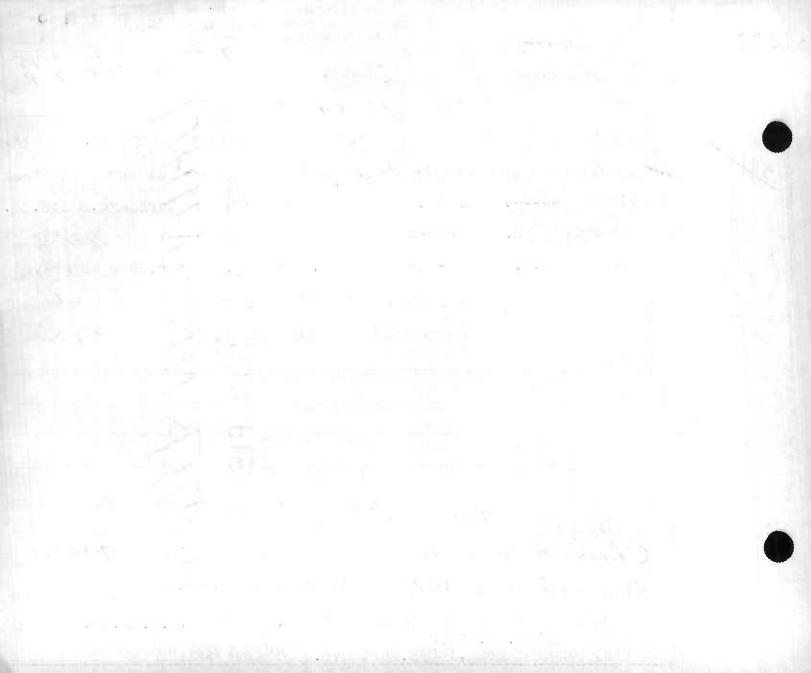
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOV (TYPE OR PRINT) OF ESTI-6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 3 YRS DEAD BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED Jorth Carolina U.S.A. WIDOWED DIVORCED ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUR BODI THE IT WORK Television Georges adio/ USUAL RESIDENCE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Ruhfus Jones Beulah Lamond IT. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADD#950Watchlight (YES, NO, OR UNKNOWN) 243-22-7081 Arthur H. Jones, Jr. Columbia, MD Yes CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO DE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK 22e I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion Natural couses death resulted fram-Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALLIMORE, M EXAMPLES NAME TYPE OR PRINT ADDRESS 23g BURIAL, CREMATION REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Che'l'tenham. Burial 7-23-86 Md. Veterans Cemetry 07/84 BP 24 FUNERAL DIRECTOR (endon/Hale Lanham F.H. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH = 17 Annapolis Rd. Lanham, Maryland20706 hera Dairdon- wond (VR A15 ME (5))



	1.	FOR STATE	DEPA	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL H	YGIENES 6 2	1046
1234		REGISTRAR CEASED NAME FIRST	WIDDIE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
d to do		Buton		Jones	7-1	986 9 6
pe 4 m	3. SE	m ale	White	5. DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MILE
# 12 83 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	1	RTHPLACE (STATE OR FORFIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	-	11195
47		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS C
35	USU. 130. S	ALMISIDENCE (IF NURSING HOME O TWIE 136 COU Aryland Be	ROTHER INSTITUTION GIVE RESPONSE BEI		130 STREET ADDRESS / ZIP COD 2807 New York	E 21227
116	-	THERS NAME Sherman	MIDDLE R. Jone	15. MOTHER'S MAIDEN N	AME	Merdith
1 2	Har V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
quire; that the a signed by the a then please remail to burial, cremain	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	QUENCE OF	RMINAL DISEASE OR CONDITION GI	VEN IN PART Ital
he low on the prior of the prio	FICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
CIAN 1 physics orthogon of transition of transition of transition	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
G PHYSO phending er this ca the burn and Mer	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	211. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN prior or TOR. Aft for use or of Health		220.1 certify that (1) (this hasp	ital) attended the deceased from	5 c, and that in my (aur) apinio		19 6 , that (I (we) I
FAL OR A Ny the hear NAL DREC denoched denoched denoched	1	Charles 3	= Herr M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-20-86
O HOSPIT To FUNER To FUNER The South the South		Charles F	. Hess Mi			
BP	230 E	urial, cremation, removal specify) Burial	7/24/1986	Cedar Hillcemt.	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)			to .Md .2123,QRES		ATE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE



J.B. JENKINS FUNERAL HOME, LANDOVER, MD.

DHMH - 16 60M 7/B4

(VRA 15, 4)

21042 A SUNDER LANDING LINES IN THE PROPERTY OF THE

			1						MARYLAND	Terrent Trans		THE P. LEWIS CO.	TYPE R
			1.	FOR STATE			DEPARTMENT OF	HEALTH	AND MENTAL H	TYGIENE	2	0,0	, 14 9
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		ADE SE	0.56	4 RA	CE	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN	DER 1 YR IF UNDER		OATE	MONTH	1 CPI
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	8	E S S NS	160	WAS DECEASED EVER YES, NO, OR UNKNOWN)	(IF YES, GIVE W		166 SOCIAL SECUR		III INFORMANI		12205 Towns	Ilbury	Lane
	A	ANTER!		NO			578-74-8	622	Catherine	Joop 1	Bowie,	Maryla	nd 20715
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	8	PARANA		7,00		(c)							
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	H	SAMANO.	# 5	190. DATE OF OPER	RATION	196 CONDI	TION FOR WHICH OPE	RATION W	'AS PERFORMED?	-			20. AUTOPSY?
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	5	2002	15	10	one								YES NO NO
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		器を会議する		22a I certify tho	t I taak charge	of the remains des	cribed above, held an	Autop	sy , Inspectio	in la ling	Juiry	and in my api	nian
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W		EXAM CERT JUD B DIRE WITH		2 3 7 6 7	1		1		TITLE (SPECIFY)				
	v	A COUNTY		ACTUAL SIGNATURE	1	210			~ .			DATE	Ja. 14271632
		SESSEE SE	6	SIGNATURE			- Comment	- M	D. Wegi	MEDICAL E	XAMINER	SIGNED	Vall-11110
		MEDICAL ECUTE THE GE 4 SHOU FUNERAL THE DEATH CUMORE. V	4	EXAMINER'S NAME	E Dr.	John S.	Rogers, M.	D.	1919	Semina	ry Road	Silve	r Spring, MD
		O NO STATE	-	(TYPE OR PRINT)					ADDIKESS				Pr 2116) 115
		EMEE 49	23a.l	BURIAL, CREMATION,			23c NAME OF C			23d LOCATION	'N	COUNT	
		BP		Burial	111	AUG 5, 19	86 Lakemon	t Mem					e Arundel,MD
		DHMH - 17	24.1	UNERAL DIRECTOR	Swinkley	1600	O Annapoli	s Roa	d 250. DATE	REC'D. BY REGI	STRAR 256 RE	GISTRAR'S SH	GNATURE
		(VR A15 ME (5))	B	eall Funer	al Home	The state of the s	le, MD 207		. 23.3.1	6 6 19	86	A PARTY NOON	
		20M 4/82	-	THE RESERVE		20#3	,	-/ 55					

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0-11732	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIENE	6 REG.	2 NO.	U	4 7
0		CEASED NAME	FIRST		MIDDLE	l.	ASI	20. DA	E OF DEATH		DAY YEAR	26. HOUR
be on be	litre		Kar1	На	arold	KATT	ERJOHN	J	uly 2,	1986		3:55p. M
frer of	3 SE	(X	4 RACE		5. DATE C		6 AGE	(IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
- 0 000		Male		WHI		July			80	YRS.		
4 12/10		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8 MARRIEI	NEVER MARRIED			OR COUNTY		
	10.0	OHIO TY OR TOWN OF DEA	711		A.	WIDOWE	DIX DIVORCED (rince U		s Coun	DF BUSINESS OR
· W / 33		Lanham		AMI/DOC	Ctors	Hospita	L of PG Cty	{TYPE O		TOF WORKING LI	FET INDUSTRY	E RACING
Con To The Top		AL RESIDENCE (IF NURS) TATE Md.		OTHER INSTITUTION		TOWN R SPRING	13d. INSIDE CITY LIMITS?	? 13e STF	EET ADDRES	s RUNSWIC	K AVE.	#327, 2091
maker ond 2	14. FA	THER'S NAME FIRST ALBERT	32	MIDDLE K	ATTERJ		15. MOTHER'S MAIDEN	NAME	WIDDLE		SHAW	ST
, BALTIMORE, MARY ficore be executed will hysicion ond complete coppers. Poges 1 and 2 ovol. ent, the medical examir		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	UNKNO	SECURITY NO.	17 INFORMANT KARL R. K	ATTER		RESS (SA	ME AS	TTEM #13)
SECORDS, 201 W. PRESTON ST., low requires that the death certifus been signed by the ottending plemin. Then please remove corbong e prior to buriol, cremotion, or remos, only injury, or other troumotic eve	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT	the lost	(c)CONDITIONS <u>C</u>	R AS A CONS MR (A) ONTRIBUTING	TO DEATH BUT	Adeno CAC NOT RELATED TO THE TE	ERMINAL DI		20b. IF YE	S, WERE FINDI	NGS USED
DIVISION OF VITAL RECORDS, OITED HAVEICIAN: The low requir outending physicion. After this certificate been sign os the buriol-tronsit permit. Then the ond Mentol Hygiene prior to b orked or Men 18 shows ony injury		21g. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DE	HOUR A	OF INJURY .M. MONTH	DAY YEAR	21c HOW INJURY OCC	YES CURRED (EN			PART 1 OR PART 2)	NO []
VISION OF	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY REET, FACTORY, OF		211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or or TO FUNERAL DIRECTORS should be datached for use or with the State Dept. of Health IMPORTANT, if Hem 21 is mor		22a I certify that (I) sow the decease obove Thumble 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this heapi ed alive ag lid) (did no	Thay Oview the body		19 <u>86</u> , or	d that in (() opini	G MEDI DIREC	CAL SI	dote and har	22c. DATE	that ((wa) lost e couses stated ESIGNED 3, 1986
55533	23a. l	BURIAL, CREMATION,	REMOVAL		4		EMETERY OR CREMATOR		CITY OF TOWN	37	COUNTY	STATE
BP		CREMATI	ON	7-6-19	86	CHAMBER	S CREMATORY		RIVERDA	-	P.G.C.	
DHMH-16 30M 2/80 (VRA 15, 4)		W. CHAMB	ERS C	0.	RIV	ERDALE,	Md. 20737	DATE REC'D	BY REGISTRA	AR 25b. REGIS	TRAR'S SIGNA	TURE 1

Mr. J.A. Chimatel State Little Englishing The Market FOR THE PROPERTY OF THE PROPER FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

Vilhelm Funeral Maryland 86 21050

		CEASED NAME	FIRST		MIDDLE	L	AST		26. DATE C	F DEATH	MONTH	DAY	YEAR	Zh HOL	JR
7	(TYPE	JC OR PRINTS	SEPH	W		KELLE'	Υ				07	06	86	9 3	0PM
	3. SE)	Male		4 RACE Wh	ite	5 DATE O		DAY YEAR	6. AGE (IN	YEARS LAST E	BIRTHDAY	MONTHS	ER I YEAR	IF UNDER	
d	-			AAIT	rce			1941	44		YR:				
Z		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIED		VEVER MARRIED	9 BALTIMO		_				
2	-	aryland		USA		WIDOWE		DIVORCED X				E'S		-	MD.
6		CHEVERLY	,	PRINCE	HOSPITAL, NURSING FACILITY, GIVE STREET GEORGE S	ADDRESS)			120 USUAL (TYPE OF WO Plu		OF WORKIN		KIND O DUSTRY ONS		ess or Ction
	130 S Ma	at residence (if NORSTATE aryland	Pr.	r other institution Geo	GIVE RESIDENCE BEFORE MITCHEI		-	ISIDE CITY LIMITS?	13e.SIRE8	100 PRESS	1678 di	More	Ro	ad	16
1	I4 FA	THER'S NAME	reco	rded	LAST			Lucille	ME	WIDDLE		Ke	lle	Ÿ	
	160 V	VAS DECEASED EVER YES 100 OR UNKNOWN]		RMED FORCES? VE WAR OR DATES!	218 38			FORMANT acille Ke	elley	S		as #	13		
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			IMMEDIA		R AS A CONSEQUI		-								
		Conditions, if any		((b) I		LepA	TIC	peci	20515						
	le.	gove rise to immediate cause lost. DUE TO, OR AS A CONSEQUENCE OF CLOSE CONSEQUENCE OF CONSEQUE													
	7			CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOURI	ELATED TO THE TERM	INAL DISEAS	SE OR CO	NDITION	GIVEN IN	PART 110	9	
	TIOI	HEPATTI NE						- HELPOSIS	1			- A	ADA	ame	عدد عد
	CERTIFICATION	198 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATION	V WAS	PERFORMED	20a AUT		IN CER	YES, WER	CAUSES	OF DEA	TH?
	ERT	21a. ACCIDENT WAS UNI	DERLYING [21b. TIME O	FINJURY		21c. H	OW INJURY OCCUR	YES TERM	NO	IURY IN ITEM	YES D	PART 2)	NO [
		OR CONTRIBUTING		~	M. MONTH D	AY YEAR	15.5								
	MEDICAL	21d INJURY OCCUR		?le PLACE	OF INJURY		211 LC	OCATION					DUNIY		
	W	AT WORK NOT WE	HILE C	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM, ETC]	2-1	STREET		CITY OF 1	OWN	((UNIT		STATE
		22a.l certify that (1)				200		1986	, to	200	56	_, 19_8	6	that (I) (we) lost
			did) (did no	view the bod	ofter death.			in (my) (our) opinion	death occurr	ed on the	date and l				ated
		276. SIGNATURE		Mh	m		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	ST.	AFF ICIAN [27	7/8	SIGNED !	6
		22d. PHYSICIAN'S NA	- 1					DDRESS		int	10	11.		4.0	2070
Ц		Richarm						of Array			/ CA	MA	71	···)	2070
		URIAL, CREMATION,		23b DATE	230 1	NAME OF CE	METER	Y OR CREMATORY	23d LOC		and	cou	An wa	, lan	H

Home

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTORODETT

Suitland

NAME

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and to demand THE COURSE WAS THE TOP OF THE PROPERTY OF THE But the contract of the second entreport and

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 21051

REGISTRAR			REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
Arthu	r F.	Kelly	Jul	y 7, 1986 6:55P, M
3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
male	white	Dec. 27,1903	82	YRS
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8.	9 BALTIMORE CITY OR	COUNTY OF DEATH
Washington, D.C	USA	WIDOWED & DIVORCED	Prince Geo	orge's MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
Laurel		l Beltsville Hospit		
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COL			? 13e.STREET ADDRESS /	
		urel YES & NO [610 Main St	
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
Joseph	Kelly	Elizabeth	WIDDLE	Grant
16a. WAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMANT	ADDRES	Si a a Cantle
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 577 2:	2 8413 Dorothy Hu	nter 354 Chapt	aryland
IR CAUSE OF DEATH (Enter of	inly one couse per ling for (a), b	Earth College	1	A SET WEET OWNER AND DEATH
PART I. DEATH WAS CAUS	ED BY:	icasory far	lure and	el
IMMEDIA		1 1 1 1		
Conditions, if any, which	DUE TO, OR AS A CONSI	Donal facts	ere	
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSI	FOURNICE OF	PST 3-19-11-02	
underlying cause last.	DOE TO, OR AS A CONSI	EODENCE OF		Same Inc.
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
20				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
H.			YES NO	YES NO
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF D	EAIR	19		
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOW	N COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	Citi di la	
	pital) attended the deceased fr	om 5. 7. 198	5 , to 7 . 7 -	
agw. The deceased alive a	nat! view the bady after death.	19, and that in (my) (our) april	nion death accurred on the dat	e and hour and from the causes stated
226 SIGNATURE	in the same of the	DEGREE		22c. DATE SIGNED
all	2 8	ATTENDIN PHYSICIA	G MEDICAL STAFF	AN I
22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 7/2	50 For Truck	Leload
M. 4USU	F	Laure	1 yarrela	ud 2070)
230 BURIAL CREMATION, REMOVA	L 23b. DATE	23c NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
BUTTAL		86 Fort Lincon Com	CITY OR TOWAL	and Manufand STATE

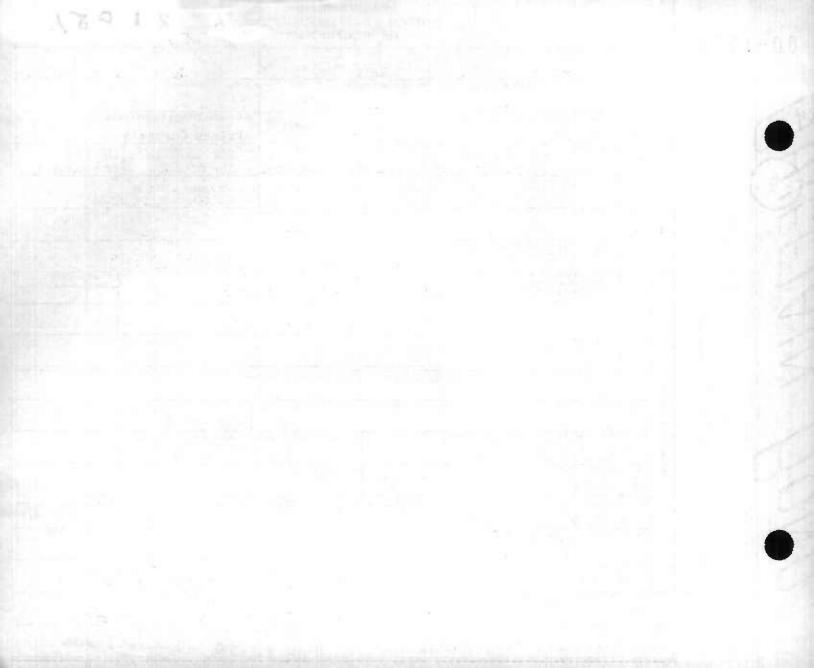
DHMH - 16 60M 7/84 (VRA 15, 4)

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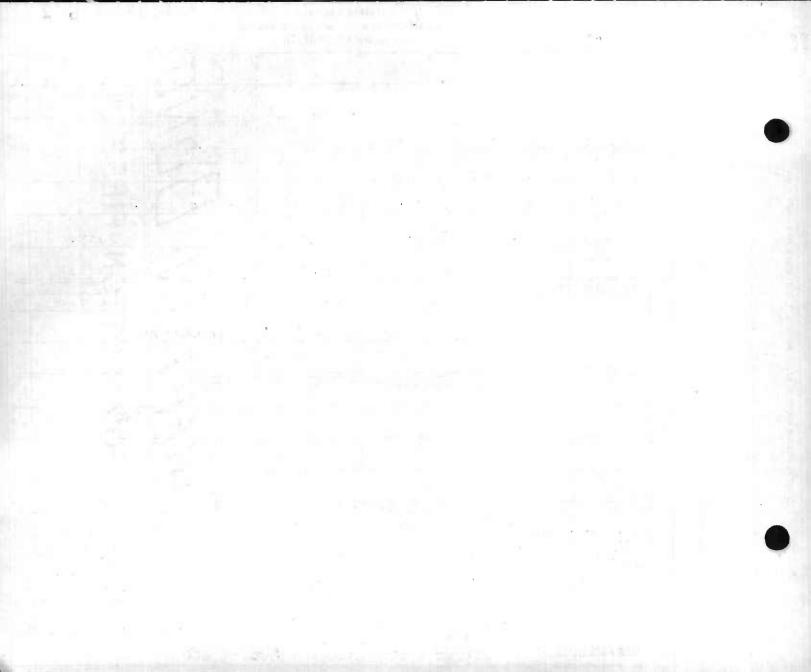
TO FUNERAL DIRECTOR.

24 FUNERAL DIRECTOR
Donaldson Funeral Home, Laurel, Md

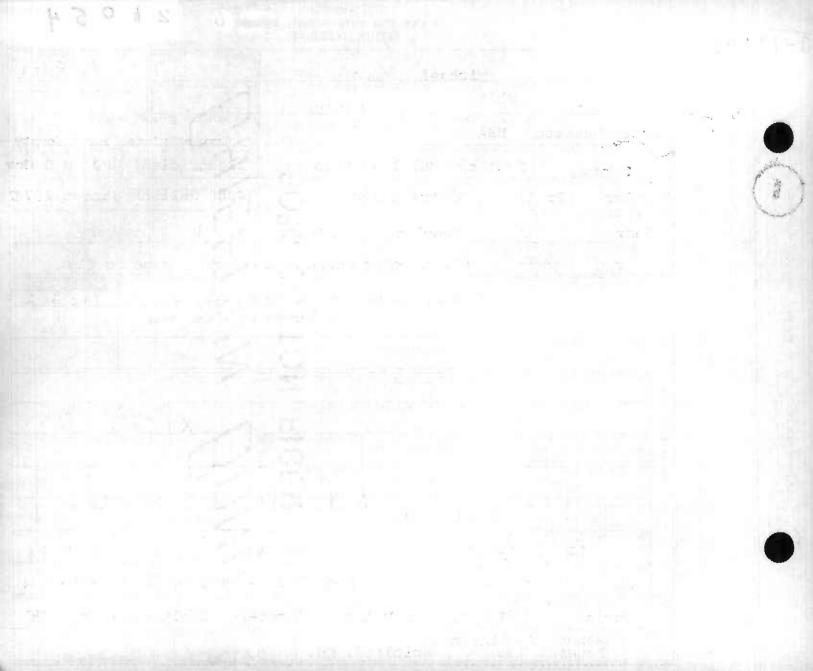
50. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



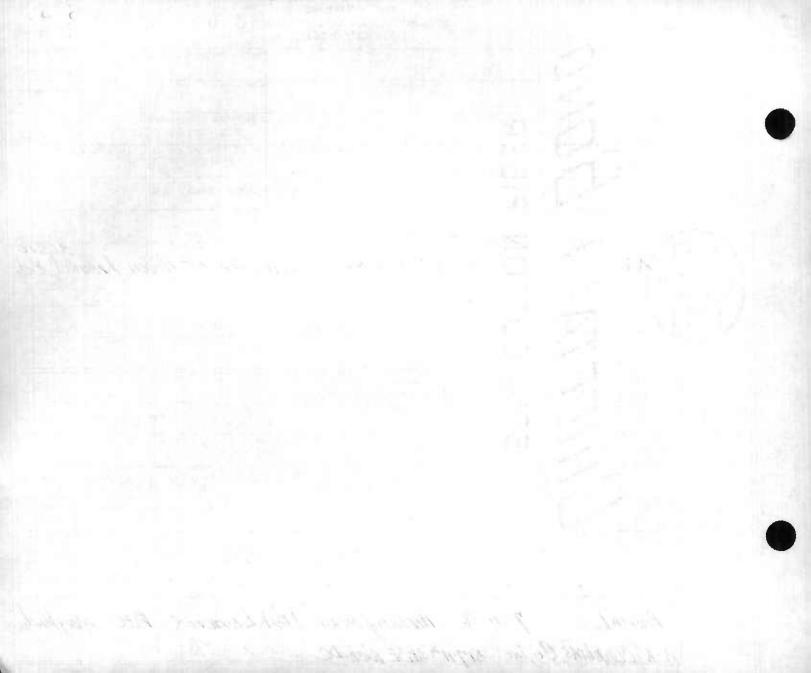
0-14330		FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	END 6	2 1 0 5 2
		I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 26. HOUR
noy be poge 3		Berna	ard F.	Kellv	July	31 1986 7: A M
mo), po		3. SEX	4 RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Male	White Fe		83	MONTHS DAYS HOURS MIN.
Poor direction	100	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		BALTIMORE CITY OR	
erol o	8	Massachusetts	USA WIDOW	ED XXNEVER MARRIED U	Prince G	eorges MD.
		O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		Re Late OCCUPATION	NIOT 126. KIND OF BUSINESS OR
20 Page of the Control of the Contro	X	Adelphi	2306 Tecumsch Street			ore Self Employe
212 hour be f	OE	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		10183
ND 24	and the		nce Georges Adelphi	134 INSIDE CITY LIMITS?	2306 Tecums	ch Street
ARYLAND 2120 J. within 24 hours should be fill should be fill should be fill	~	4. FATHER'S NAME		15 MOTHER'S MAIDEN NAM	E	
AAR S MOS	0	Patrick	H. Kelly	Kathryn	WIDDLE	Barry
RE, P	8	60. WAS DECEASED EVER IN U.S. A		17. INFORMANT	ADDRES	
BALTIMOR	1/2	(YES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES) 577 40 4226	Ethel Kell	y (Wife)	Same as 13E
ALTI	6.1			A Delica Moad	., (1.220)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the physical states of the sta			only one cause per line far (o), (b), and (c).) SED BY: ATE CAUSE (a)	1 Die Nr	rest	6 minute
N cer ding orbo		arrico.	DUE TO OR AC ACONICIONENCE OF			
he death cert he ottending emove corbor motion, or rer		Conditions, if ony, which	(Atherosul	erotic Gardi	o Varuadan	Merro
The of the cemore and		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
01 W. P that the d by the lease rer ial, crem		underlying couse lost	(c)			
30 se		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
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S beer s prices on y	7	MI 190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR The I cion. e hos sit pe	6				YES NO	YES NO
N OF VITAL SICIAN: The g physicion certificote h riol-tronsit g entol Hygies ttem 18 sho,	0	OR CONTRACTOR CONTRACTOR		21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
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DIVIS POING		WHILE AT WORK				
NOIN NOIN I or or use os Leolth			pital) attended the deceased from	19_6)	. to July -	19 that (1) (wa) last
ATTE Spirite CTO differ of the name of the		saw the deceased alive a obgve, (1) (we) (did) (did)	nat) view the body after death.	nd that in (my) (our) opinion de	oth accurred on the date	e and haur and from the causes stated
OR A DOREGOCHED		222 SYGNATURE	CO-1 0 m	DEGREE		22c. DATE SIGNED
TAL RAL I deto deto fote I		Morten		PHYSICIAN	MEDICAL STAFF	IND 0/31/86
HOSPITAL ined by th FUNERAL uld be det of the Stote		224 PHYSICIAN'S NAME (TYPE		220. ADDRESS		1 20805
TO HOSPITAL TOFUNERAL Should be deter with the Stote MAPORTANT:		1010x/m/	(tschuler mi)	1279-2A1	nBertan D	12. 2: / meda-ing, had.
55 52 33		30 BURIAL, CREMATION, REMOVA	L 23b. DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial		Washington	Adelphi	DC MA
DHMH - 16 60M 7/73		A. FUNERAL DIRECTOR	11800 New Hamp	.Ave. 250. DATE	REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGNATURE
(VR A 15 (4))		Hines/Rinaldi	Silver Spring	.Md AU	4 1986	With transfer of



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEMS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH LIYPE OF PRINTS 86 Rezoan 20 Thomas Michael Kneel and 3. SEX 5. DATE OF BIRTH & AGE HIN YEARS LAST BIRTHDAY IF UNDER ! YEAR White MONTH YEAR 9/ 19/23 BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Massachusetts WIDOWED DIVORCED | RharkerPrince George Country 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 126. KIND OF BUSINESS O Southern Maryland Hospital GPOTRY Electrician Clinton SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Pr Geo District Hts NO NO 13. 66.08 DDFS11eCK Street 20747 Marylan 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Desv Esther B T Kneeland George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT HE YES GIVE WAR OR DATES! (YES, NO OR UNKNOWN) 021-16-8580 Helen M Kneeland Same as #13 YES WWII APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c. PART I. DEATH WAS CAUSED BY: carcinoma of the lune with ndipherentiated mo 3 WK metastages to brain and DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 19n DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21a. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Wordyard Rd # 201 Clinton, And 20735 Kai-Yin YEUNG, M.D 23a BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY Burial Cheltenham PG Md 23July86 Md Veterans Cemeterv M FUNERAL DIRECTOR BETT E Wilhelm 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Funeral Home Suitland, Md. (VRA 15, 4)



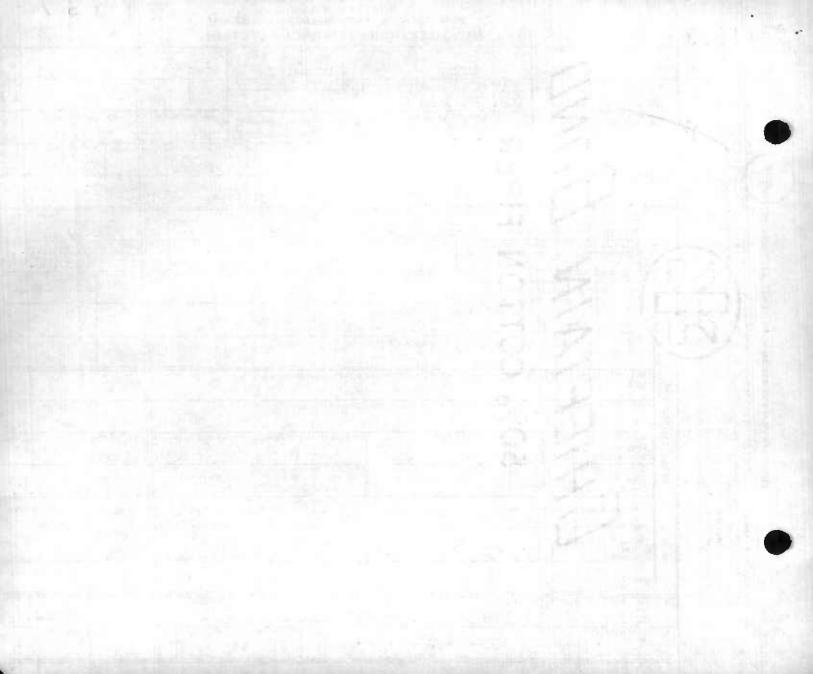
	1,	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 6	2 1 0 5 5
2560		REGISTRAR		CERTIFICATE OF DEATH	REG. NO).
6 0 0 0		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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er de	3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 21 HR
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nerol di n 72 ho		IRTHPLACE (5 LIE OR FOREIGN COUNTRY)	USA	RY? 8 MARRIED NEVER MARRIED X		
1 84	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS C
1 4	USU	AL RESIDENCE (IF NURSING HOME		Beltsville Hosp.		OXO
35		Maryland	USA GIVE RESIDENCE BE USA 136. CITY OR TO Laure	1 YES NOX	13e STREET ADDRESS /	ZIP CODE QOSIO
120	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	IS MOTHER'S MAIDEN N	AME	SAST
0	_	ames	Knig		Mae	Donaldson
dicol		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRE	208
E /	73	YES NO ORUNKNOWN) (IF YES.	219-80	8-1758 MARY A. HOO	1 FOREST	HOVEH KIAUREL Y
ol.		18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b). JSED BY:	andic		APPROXIMATE INVERVAL BETWEEN ONSET AND DEATH
vent			IATE CAUSE (a) Encepho	olopathy, Hypoxic		12 day
± 0	13.1	WWED			TA COMPANY	
own	1	Conditions, if ony, which	DUE TO, OR AS A CONSE	Respiratory Arrest		12 days
froum		gave rise to immediate	, , ,			
the		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF		
0	1	DART 2 OTHER SIGNIFICAN	(c)	TO DEATH BUT NOT RELATED TO THE TER	White District on Colu	
dunk	Z				MINAL DISEASE OR CONE	DITION GIVEN IN PART TIO
0 >	1 E	Mental Retard		onary Tuberculosis	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
100	5	THE DATE OF GLERATION	THE CONSTROIT OR WIT	ICH OF ENAMON WAS FER OWNED		IN CERTIFYING CAUSES OF DEATH?
show 1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Now Now No Com	YES NO	YES NO
8		OR CONTRIBUTING CAUSE OF		DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN 11EM 18 PART 1 OR PART 2)
or Hem	N V	(IF EITHER NOTIFY MEDICAL EXAMI		19		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE FARM ETC.) 211 LOCATION STREET	CITY OR TO	NN COUNTY STATE
	_	AT WORK NOT WHILE				
	130	220.1 certify that (1) (this ho	spital) attended the deceased fro		510_7-7	, 19 <u>86</u> that (It (we) le
2		saw the deceosed alive	on 7-7 nati view the bady after death.	9_86_, and that in (my) (our) opinio	n death occurred on the do	te and hour and fram the causes stated
Hem		THE SHOW A LIME	nat view the bady after death,	DEGREE		22c. DATE SIGNED
		Rolan	do 1. Usa	CO MID ATTENDING	MEDICAL STAF	r .
PORTANT		226 PHYSICIAN'S NAME (TY	DE OR PRINT)	PHYSICIAN 1226 ADDRESS	DIRECTOR PHYSIC	IAN ☐ 7-8-86
JRT.		ROLANDO V. GO			Lane. Laure	el, Maryland 20707
MPORTANT: #			<u> </u>			-,
3.	23a	BURIAL, CREMATION, REMOV	AL 236 DATE 2	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	- FOUNTY STATE
		BURIAL	7-14-86 V	HARMONU MAMORIA- TA	RKLAUDOVEN	PAC MANY GALL
211 2121	24 F	UNERAL DIRECTOR		250 D	TE REC'D. BY REGISTRAR	SI, REGISTRAR'S SIGNATURE
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12100		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		26 HOUR
poge 3	{ AbF	OR PRINT) Philli	р Н.	KR	AFT. Jr.	July 11,	1986	07284M
4 moy	3: SE)	(4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
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MIT	BEADERS /	WES, NO. OF	R UNKNOWN)	1950	VAR OR DATES)		100. 300.	T SECOM!		Holly		V 241 1m	onalea	93	zo ra	airn Marl	aven	Ave.,
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. 201	REXIDE	<u>-y</u>	ing cause la	31.	(c)_													
RECORDS	CERTIFICATE SHOULD BE EXECUTED WITHIN 22 ITING THE WORD "PENDING" IN PENCIL IN ITING THE CHIEF MEDICAL EXAMINER ALG. 3 SHOULD BE USED AS A BURIAL - RANSIT PEPARTMENT OF HEALTH AND MENTAL HYOLD FROM TO BURIAL, CREMATION, OR REMOVALLY CREMATION, OR REMOVALLY		DINER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING 10	DEATH BU	JI NOT RELATE	TO THE TERMI	IAL DISEAS	E OR CONDITIO	N GIVEN IN PAI	RT T (a):						
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1.5-11-11 AGO RELIGION AND . bit to lwind neitheright Muryland Frince Courges Mitchelleville x, 3503 Mint Render Place 20716 Antition of the state of the st 13. MALE TO THE PARTY OF THE PARTY The same of the sa the relative and are set of the settles of the Perdict : Aug 89, 1960 Northellton Cres ery Memoria, Virginia Part i destal flows 7 Ports, Maryland dW 2 2 Kin Later Jouen

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DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

86 21059

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No		A	579-32-		Ruth Kuhns	Clinton,	Md. 2		
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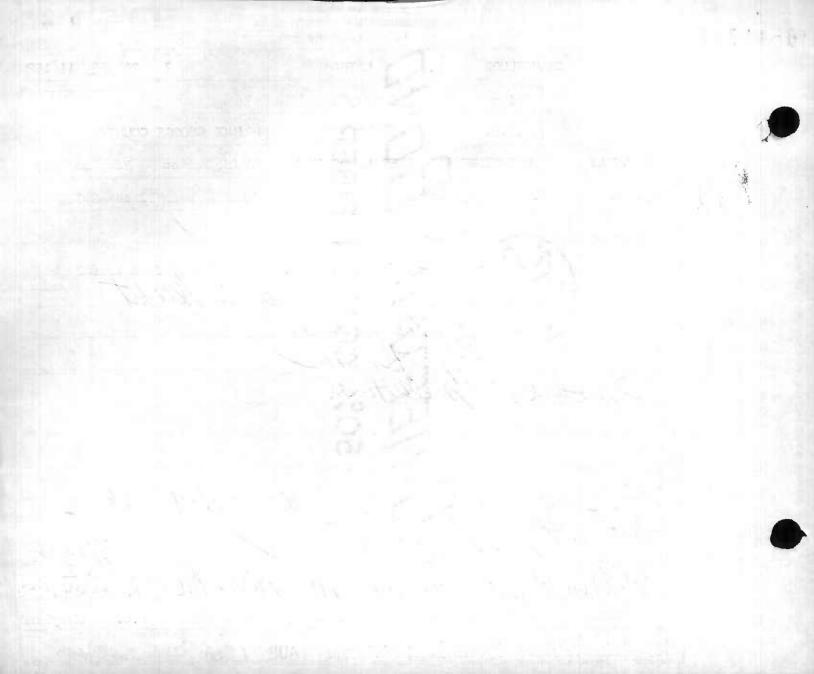
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10-12000	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6	
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. 24	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR	n
4 44 •	PEARL BLANCHE CANE 7.28.86 7-40	M
8 69	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR MONTH DAY YEAR	
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11 67	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	R
5 1300	CLINTON So. MANY LAND HOSPIMU Manager Cafeteria	
2 / 11	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) In STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP CODE 20746	
2 / 3	Maryland Pr. Geo. Suitland YES NO 6313 Pennsylvania Ave.	
2 M GANT	FATHER'S NAME IS MOTHER'S MAIDEN NAME	_
3 8 0 6 34	John Bryant Anna E. Mattingly	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 1990 Bucknell Dr.	_
0 - 1 0 0 0 0 0	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-01-3033 Dorothy Russell Wheaton, Md. 20902	
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5 1 page 9	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	=
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TOR TOR	saw the deceased alive an T2T 19 lb, and that in (my) (asr) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.	
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	FUNERAL DIRECTOR D.	-
DHMH - 16 60M 7/84 (VRA 15, 4)	Huntt Funeral Home P. Do. Box 156 Waldorf, Md. 2060 JUL 31 1986	7 2
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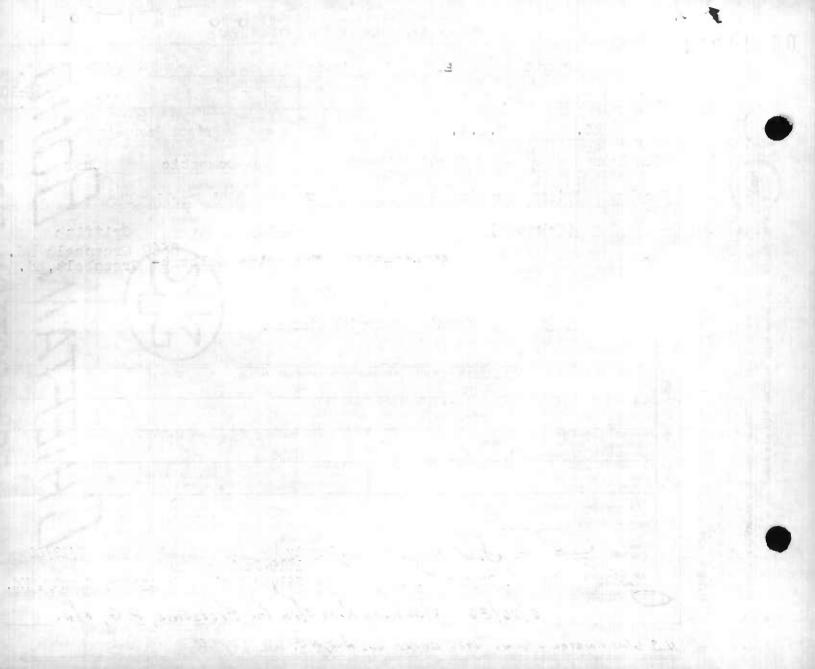
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 26 HOUR 20. DATE OF DEATH [TYPE OR PRINT] WANDA LEACH 3.30P B. 5. DATE OF BIRTH 3. SEX 4. RACE & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS SEPT 28 1940 EAR BLACK 45 FEMALE BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE VIRGINIA USA WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR PRINCE GEORGE GENERAL HOSPITAL CHEVERLY GOVT. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY GREENBELT 13d. INSIDE CITY LIMITS? STREET APPRESSION FOR PEROAD MARYLAND PR. GEO. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE **HATCHER**AST TINY SAMUEL AMOS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) NO 227-52-3862 above Same AS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Wilmonare IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last anewer (m PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ and that in (my) (our) apinian death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN ID DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS should be with the Simporta 7500 Hanover Naimaldin 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BUNG hesapeake 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 reene Funeral Home In (VRA 15, 4)

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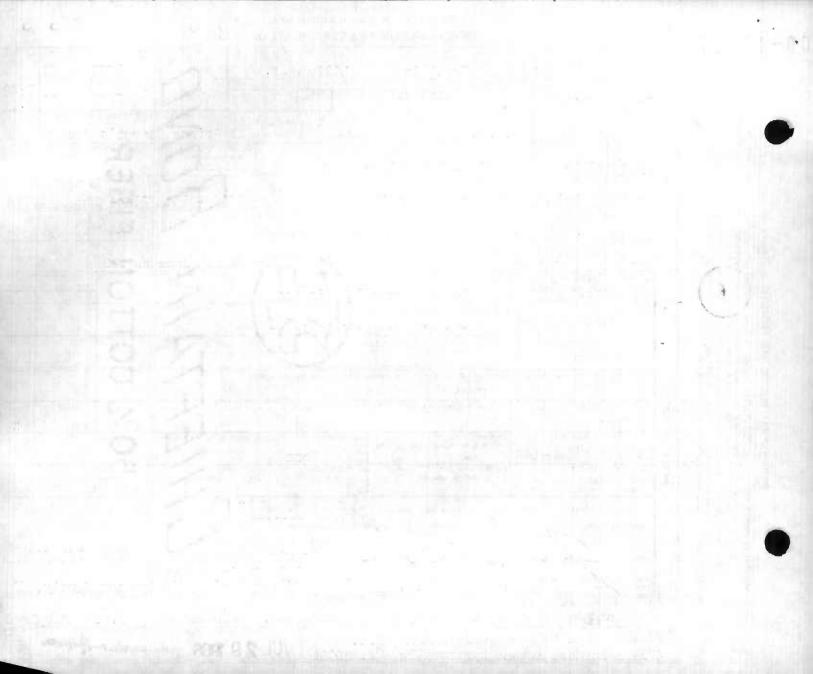
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yy be		CEASED NAME	PIRST 2/5		MIDDLE R.	41	NCO:LN	REG. N 20. DATE OF DEATH	$\frac{1}{7/3}$	186.	THOUR THOUR
nge 4 mor	3. SE:	Female		Caucas		S. DATE O		6. AGE LINYEARS LAST BIT	YRS.	NAME OF STATE	HOURS MAL
1//2	Pe	RTHPLACE (STATE OR FORE COUNTRY) NNSYLVANIA TY OR TOWN OF DEATH		US		WIDOW	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	Prince Geo	orge's	County	MD.
25 OC	B	owie		12514	Knowledge	ADDRESS)		Mail Cleri	OF WORKING LIFE		
	Ma.	TATE 13	P CON	orge s	Bowie		13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	136 STREET ADDRESS 12514 Know	ZIP CODE	Lane	20715
		Roy /AS DECEASED EVER IN	U.S. AR	MED FORCES?	Burnworth 166 SOCIAL SECU		Margaret 17. INFORMANT	R. ADDR	ESS		nson
te be existion on the med		NO NO OR UNKNOWN) (E WAR OR DATES)	190-28-7		Ralph E. Lir	ncoln Bowie	Knowl MD	edge La 20715	AATE INTERVAL NSET AND DEATH
that the death certific d by the attending phy lease remove carban pc ial, cremation, or remor or other traumatic even		Conditions, if ony, w gove rise to immed cause (o), stating	MEDIAT	E CAUSE (a)	RESPI OR AS A CONSEQUE SOLOMO OR AS A CONSTOLA		CEU CARCIN	OMA OF LO	IN9S.	2	YEARS.
he law requires on. has been signe t permit Then p ene prior to bur	CERTIFICATION	PART 2. OTHER SIGNIF	20,	Rt D	150RD	CR	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO X	20b. IF YES,	WERE FINDING	
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DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME all Funera	Hom		16000 And Bowie, M		is noad	1 0 1986		AR'S SIGNATU	

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Same State | U.S. | U.

Burnworth Mergaret H. Johnson

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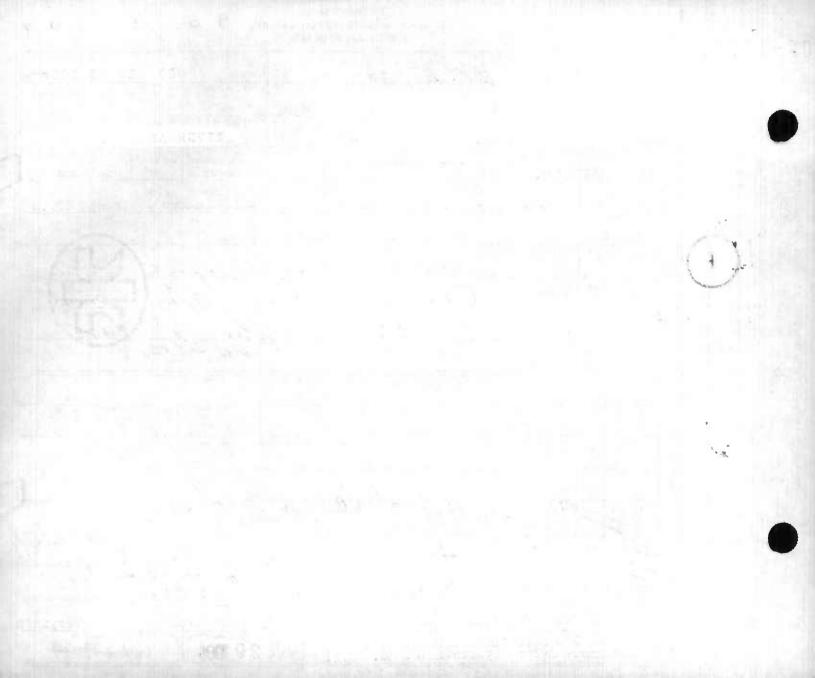
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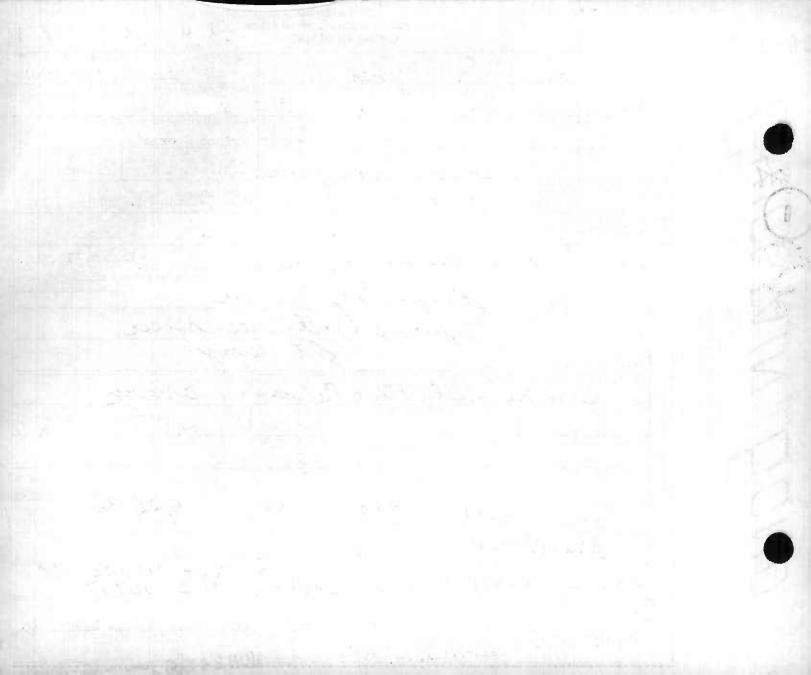
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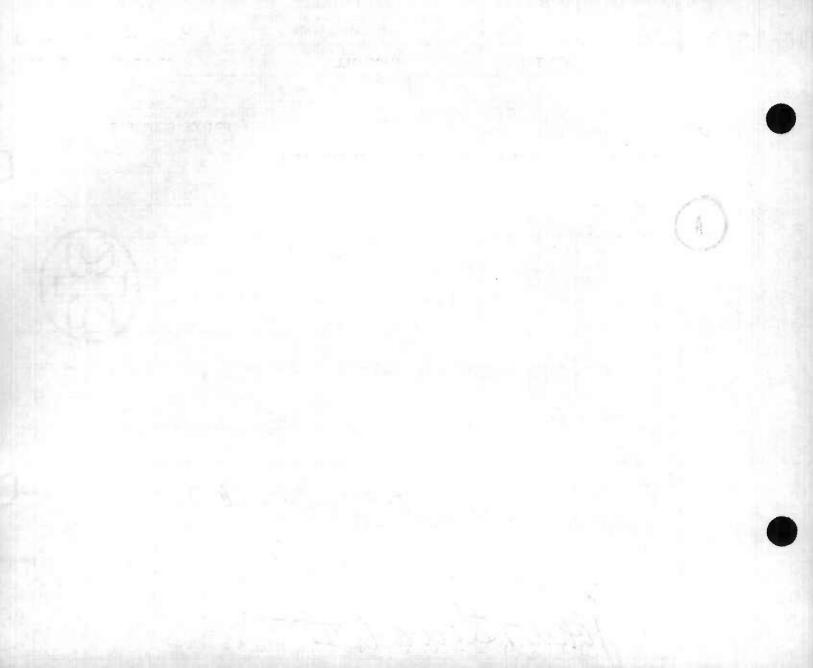
1 - STATE REGISTRAR		STATE OF MARYLAND		
I December 111115		CERTIFICATE OF DEATH	REG, NO.	21070
DECEASED NAME FIRST	Modeline III	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3 SEX	elyn Madeline LUI	S. DATE OF BIRTH	July 20, 1986	9:15p.
± ±		MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Sept. 29, 1912	73 YRS.	
To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D	.c. U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h KIND OF BUSINESS OR
Lanham	12.00 00 1 00			Own Home
USUAL RESIDENCE (IF NURSING HOM	I AMI Doctors' Host of the residence before ounty Host of the Hyattsv	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COL 7402 23rd Aver	
14 FATHER'S NAME	'MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	20,00
Carey	Glassc	ock Minnie	MIDDLE	Hackley
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	
LYES, NO OR UNKNOWN) (IF YES	215-72-5	162 Paul H. Lung	, Sr. (Husband)	Same As #13
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		19		
L O E	21e PLACE OF INJURY	211 LOCATION		
21d INJURY OCCURRED				
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AT WORK AT WORK		ond that in (my) (our) apinion	to deoth occurred on the date and ha	, 19, that (I) (we) lost our and from the causes stated
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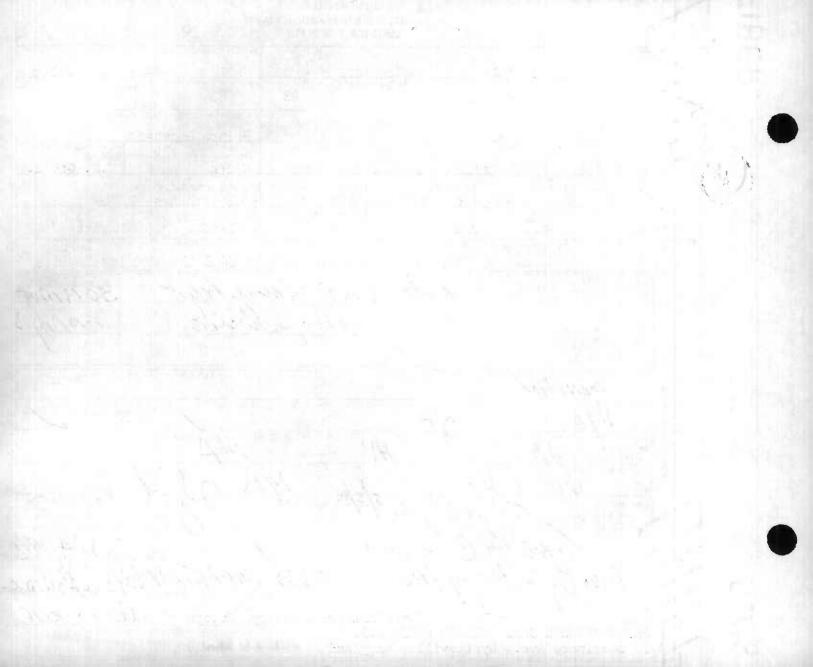
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0-12150	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	21073
deoph 3	1 DECEASED NAME FIRST (TYPE OR PRINT) DORC	MIDDLE	MARSHALL MARSHALL	20. DATE OF DEATH MONTH	-07-86 P :00AM
pe 4 may	3. SEX Female	A RACE Black	5. DATE OF BIRTH April 29, 193	6 AGE (IN YEARS LAST BIRTHDAY) 5 51	IF UNDER LYEAR OF UNDER 24 MRS. MONTHS DAYS MOURS MIN.
n 72 hour	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COU	NTY OF DEATH
s offer d	10 CITY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN NUISES A	12b. KIND OF BUSINESS OR
AND 212	JSUAL RESIDENCE (IF NURSING HOME OF 13th COUMANY LAND	NTY PG 134 CITY OR TOV		13e STREET ADDRESS / ZIP CO 2262 Brigh	ope at Road
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MORE,	(YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SEC 228 4	urity no. 17 INFORMANT 4200 2 7679 Antoinet	Grant Stree te Sullivan-	t,N.E.
T., BALT Thicate by physici and appearance by the second	PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), ar		linoma -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DRDS, 2C requires on signed or to burny, or injury, o	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		
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DHMH - 16 60M 7/84 (VRA 15, 4)	Stewart Fune	ral Home-4001	Benning Road, NE	11 1 1 1098 900	a Davido P





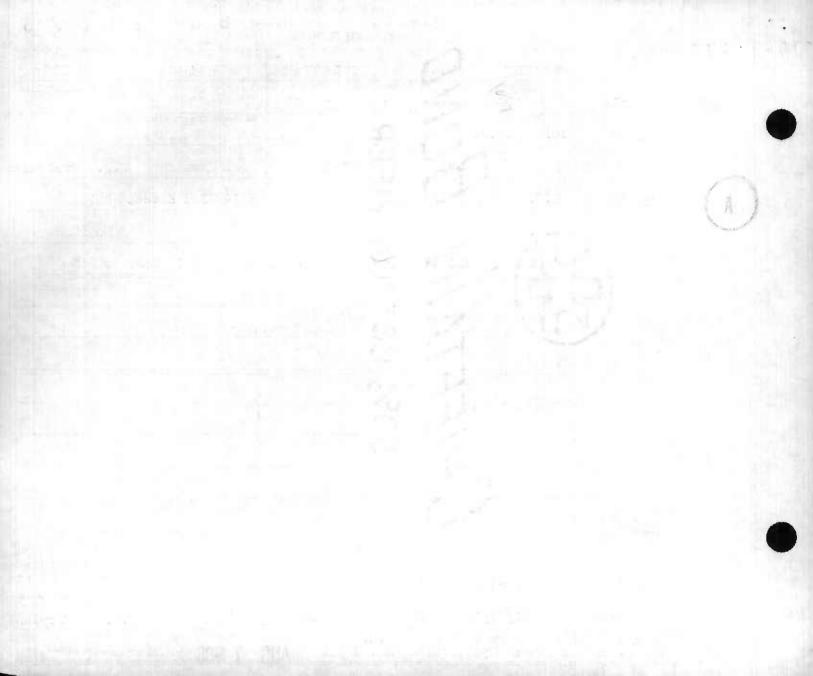
	1	STATE OF MARYLAND
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00 13313	IL DE	REGISTRAR REG. NO. LASED NAME FIRST MIDDLE ASST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR."
y be	(1195	Ratheripe M. McCarthy 7-16-86 134 m
2 1	1-05	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
8 14		Temale Caucasian 1-29-09 7 YRS.
E 20 169	1,2	RTHPLACE (STATE OR FOREIGN 176 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BASTIMORE CITY OR COUNTY OF DEATH
10 11 W/		New York. ! USA WIDOWED PUNCE GEORGES MD.
1 11 9/1	10 C	TY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (I PNOT IN SUCH FACILITY, GIVE STREET ADDRESS) IZ 0. USUAL OCCUPATION (I PNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
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IMORE		985 1943-48 082-10-721/Daniel V. McCarthy Bayside, N. V. 11361
BALT ote l ote l vol.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., (entific ng phy bonps remo		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)
ON ading corbin of the corbin		DUE TO, OR AS A CONSEQUENCE OF CEre brovasular chian & year
REST dep nove nove troum		Conditions, if ony, which gove rise to immediate
W. P		couse (a), stating the underlying cause last
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN The low requires the rattending physician wither this certificate has been signed it as the buriol-stronish permit. Then plea the and Mental Hygiene prior to buriol, or ded or them 18 shows any injury, or defeat the prior or the desired or them.	N N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ECOR Deen rait T	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
hos hos	E	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
VITA Nysicia Cote consil Hygin	W W	216. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
NOF VITA NG Physica certificate mol-transi item 18 sh	¥.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
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NG NG with a th a		WHILE NOT WHILE AT WORK
Heore R	100	2201 certify that (1) (this haspital) attended the deceased from 19 , 19 , ta , 19 , that (1) (we) last saw the deceased alive on 19 , and that in (my) (our) apinion death occurred on the date and have and from the causes stated
ATT ATT OSPIT OSPIT OF OSPIT OF OSPIT OF OSPIT OF OSPIT OSPI		above, (I) (we) (did) (did not) view the body after death 272. SIGNATURE 272. DATE SIGNED
Dep Per H		ATTENDING MEDICAL STAFF O II OL.
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O HOSPIT, Found by TO FUNER, should be d		IBRAHIM M. KHATRI 6525 Bell Crest Kd Hyalfs ville MD
0000099		BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
999 BP.		emation July 16,1984 Metropolitan Crematory Alexandria Virginia
DHMH - 16 50M 4/83		UNERAL DIRECTOR Francis J. Collins PRES Jr.
(VRA 15, 4)	500	University Blvd., W. Silver Spring, Md. JUI 24 1986 Julie Davidson Rondon

Mary Mary Street
4739 Baltimore Avenue Hyattsville, Md. 20781

ulia Davidson-Randale

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



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44	E 85	200	Ca	mp Springs	Malco	Im Grow	AFB Hosp	ital	TYPE OF WORK FOR MOST OF WORKING	INDUSTRY M	ilitary	
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m A	A Manager	1		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause pe SED BY:	er line for (a), (b), on	dice.		G. MILLS	BETWEEN	MATE INTERVAL	
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_	or office of the court of the c	e e		220.1 certify that to (this ha	spital) ottended t	he deceased from_	21 JUL	, 19_86		_, 19 <u>86</u> , +	that X Kwe) last	
	R ATTEN haspital RECTOR ned for u	21 is		saw the deceased alive	on 24 III	T. 19_	86_{-} , and that in (8	🔖) (aur) apinian	death occurred an the date and h	our and from the	couses stated	
	hosp hesp hed f	E		abave, **(we) (did) ***********************************	view the bad	y after death.	DEGREE	-		22c. DATE S	SIGNED	
110	0 . 000	#		BIA	15 L			ATTENDING _	MEDICAL STAFF			
	by the by the UERAL Store	ž-		22d PHYSICIAN'S NAME (TY	Mais		22e ADDI	PHYSICIAN [DIRECTOR PHYSICIAN X		UL 1986	
	HOSPII ined b	PORTANT:										
	etoin TO F Shoul	9		BRAM STARR,	CAPT, US	AF	MALC	OLM GROV	W USAF MEDICAL C	EN, AAFB	, MD 20331	
	T e T e 3	5 1		URIAL, CREMATION, REMOV	AL 236 DATE		NAME OF CEMETERY C		23d LOCATION	I OI WAY	A GUTATE	
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	DHMH - 16 60A (VRA 15, 4		FD	AZIER's				1 13 1 1	16 1 1986 Fulia	Landson-1x	herinas.	
	(**************************************	'	T I	ALIEN S	wasnir	igron, D	.c. 20001	1.10	- 1300 Have			

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20. DATE OF DEATH 2b. HOUR THE CHIPPING OLIVER WILLIAM MCMULLAN 07-01-86 11 5. DATE OF BIRTH 4. RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male December 8, 1937 White O. BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S Washington, D.C. U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR GEORGE SO GENERAL HOSPITAL Operating Engineer Local #77 CHEVERI Y USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 4703 Coopers Lane 20784 Maryland P.G. Landover Hill YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Haran Lloyd McMullan Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Bernadine McMullan (Wife) Same as #13 578-48-8754 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10: DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (0), stating DUE TO, OR AS TEQNSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the late and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE C'HOOKE OF CEMETERY BROKEMASON (SPECIFY) Burial 07/05/86 Rapidan Culpeper Virginia Church Cemetery Francis Gasch's Sons Funeral, Home, P.A. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16-60M 7/84 was war down from IVRA 15, 41 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND



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SEE, MD.	POSSESSES	2	ATHER'S NAME FIRST William	L. Medl			LAST		Ali			ne Sa	nford		LA	\ST	
BALTIMORE	1 200	16a \	man.	(IF YES, GIVE WAR			-05-940		1 INFORM		r M-	474	ADDRESS	as	1 + 01	n 13	
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•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO ENUREZA DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2			l taak charge a	PA	Accident	ug Suicie	M.D	Hamici TITLE (SP Deput	PECIFY)	Undeter MEDIC	Inquiry [mined manned	NER	DATE SIGNED	7	_/_ . MD	5 4-88
		23a.B	URIAL, CREMATION, F		/17/86		NAME OF CEME				23d LOC	NWOTS		COUN		STA	
07/84 25M	BP	24. F	Burial UNERAL DIRECTOR		/1//00	Ce	edar Hil	I Ue				ui tlas		P.G		Me RE	1,
	DHMH - 17 (VR A15 ME (5))		P. Kalas	6160 Ox	on Hills	Rd. C	xon Hil	1, M		UL 1º	7.198	6				Marie A.	

AL MARIN SERVICE OF VALUE agent of tel, Ede 21-10-17 CAR TO LEAD TO Dec mains Unon Milit Linux II. tott int Caon 112 Course 21. Course 21. busines and our sall M2-0-92 Corones . Vedin same as item 13 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG.	86	210	80	
1	1. DECEASED NAME	EIRST	٨	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
1	Ma	ry	Et	hel	Me	yer	July 17,	1986		10:45PM	
	1. SEX	To be	4. RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST E	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
d	Female		White		February 2, 1904		82	YRS			
2	BIRTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	ZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY OF DEATH					
8	Maryland	** 0 4		WIDOWE		Prince Ge	eorge'	s County	County MD		
5	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD					OR OTHER INSTITUTION	12a. USUAL OCCUPA			F BUSINESS OR	
	Riverdale 5513 Kennedy St						Housewif		Own	Home	
0	USUAL RESIDENCE (IF NURSI	NG HOME OF		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7 IP COD)F	A COMPANY	
2	Maryland	P.G		Hyattsv:		YES X NO	2410 Lew:			20783	
1	4. FATHER'S NAME	5 7 1	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS		
F.	James		MIDULE	Ryce		Mary	Milit		Lyo		
	160 WAS DECEASED EVER I			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADD	R5513	Kennedy	Street	
3	No	(YES, NO OR UNKNOWN) [# YES, GIVE WAR OR DATES] 578-18-5		578-18-50	081	Joseph W. Re					
1	IS CAUSE OF DEATH	1 (Enter or	ly one cause per	line for (a), (b); and	lici					IMATE INTERVAL ONSET AND DEATH	
d	PART I. DEATH WA	AS CAUSE IMMEDIA	D BY: TE CAUSE (0)	Carcin	Loma	presumed	Pancie ati	c			
	San assessment an			R AS A CONSEQUE					A TOTAL		
	Conditions, if ony,	which	((b)		1217	THE THE PARTY				2/31.100	

PART I. DEATH WAS CAUSE	William Man = Dille in the Bland in the	APPROXIMATE INT.
IMMEDIAT		
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
gave rise to immediate	(b)	
cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
anderlying coose task	(c)	

PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CC	INDITION GIVEN IN PART 176
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

E				YES NOK	YES [NO [
u	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM TS PART 1 OR PART 2)	
MEDI	21d INJURY OCCURRED NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE

220.1 certify that (1) (this hospital) attended the deceased from March

obove, (1) (we) (did (did not) view the body elter deat	h.	(my) part opinion death accorded on the dote ond not	Tana train the causes store
226 SIGNATURE	DEGREE		22c DATE SIGNED
Unland Berard	(MI)	ATTENDING MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN	7-18-86

23¢ NAME OF CEMETERY OR CREMATORY

224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

236 DATE

Michael Berard

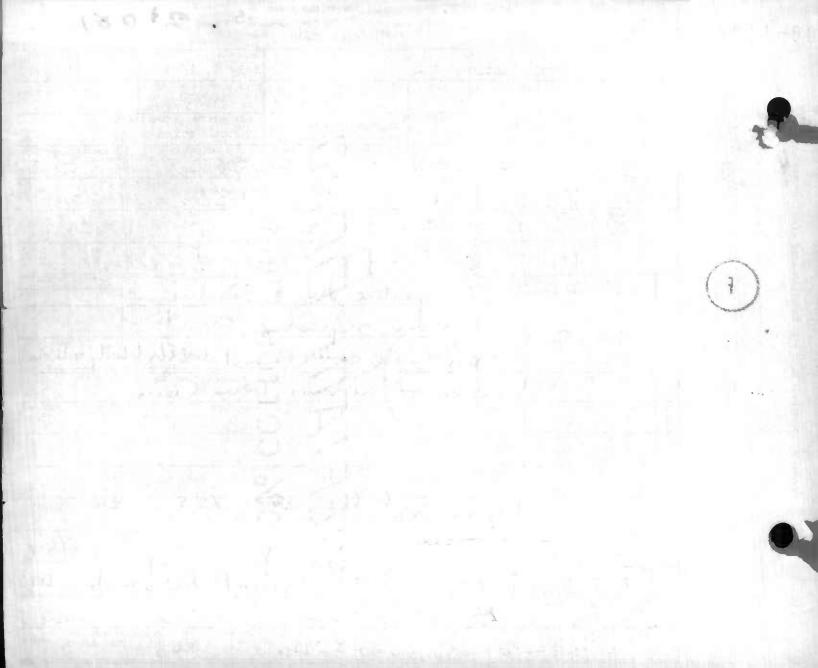
230 BURIAL, CREMATION, REMOVAL (SPECIFY)

7100 Baltimore Ave., #401 College Park, Md. 23d. LOCATION

Washington, D.C.

(SPECIFY)	Burial	07	/21/86	Mt.	Olivet	Cemete	ry
FRANCE 1: 4739 B	RECTOR S GASCH'S altimore	SONS Ave.,	FUNERAL Hyattsv	*HOME	P.A. Marylan		250 D

DHMH - 16 60M 7/84 (VRA 15, 4)



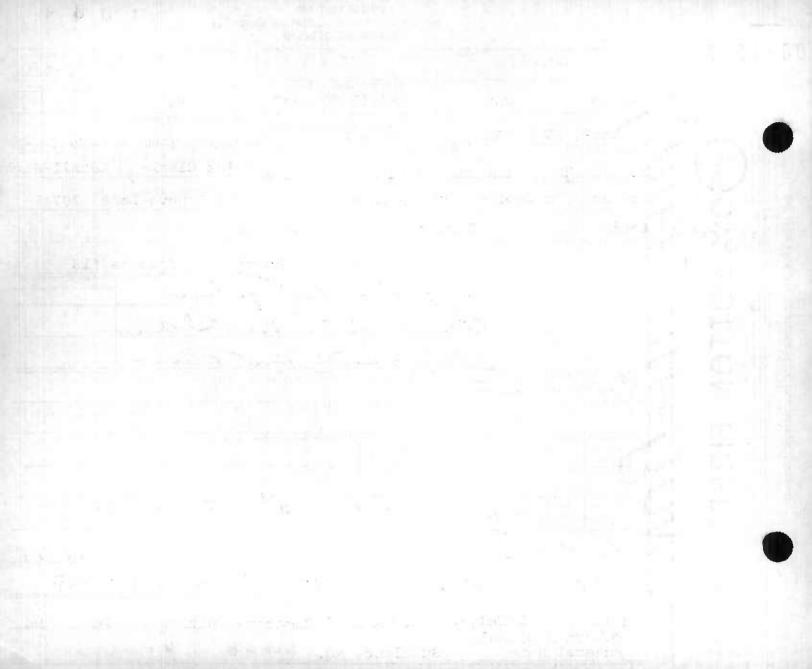
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HINGSEN - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1919 Aug 14 66 YRS DEAD 76 CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR NEVER MARRIED USA Vermont Prince George DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Housewife Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13b COUNTY 13e STREET ADDRESS Pr George Forestville 6473 Pennsylvania Ave T-1 Marvland NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Auguste Lawrence Saintgelais Ermine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as #13 008-12-2001 Arthur J Mongeon 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OF BESIGNERICANT CONOTIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT YES [NO I 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COLINITY STATE EXECUTE TO BE FORM PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. TOPE DE ATH, WITH THE ST. 220. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion death resulted from: Accident Natural causes Homicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct , Temple Hills, MD P. Rody guez, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23June86 Cedar Hill Crematory Suitland 5Md Cremation 07/84 25M E Wilhelmoress **DHMH - 17** (VR A15 ME (5)) Funeral Home Suitland, Md.

D. S. C. L. D. Surr. Ct., Confly 11511s, Ct.

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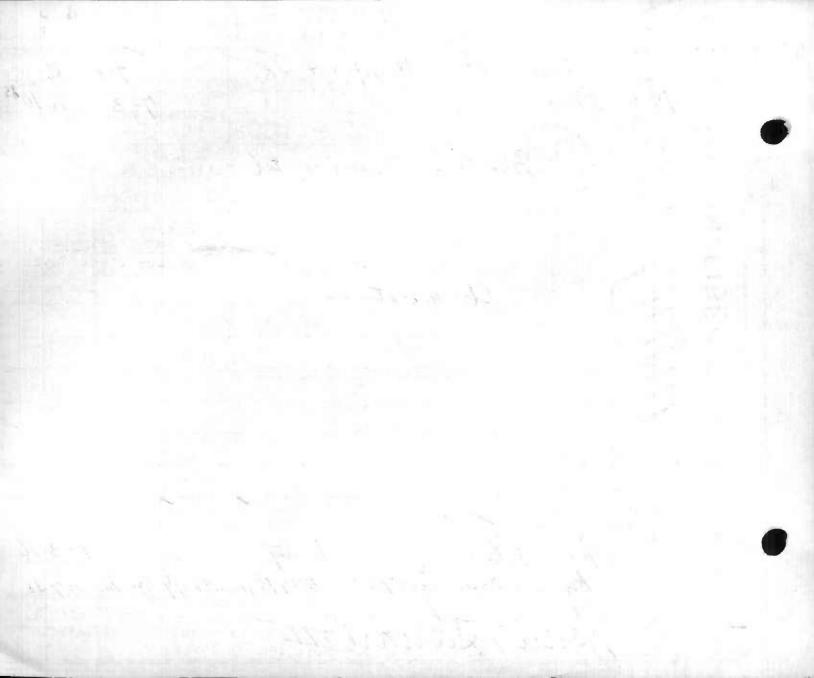
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MORRIS DECEASED NAME LÖUISE 2a. DATE OF DEATH MONTH 26 HOUR 86 TYPE OR PRINT) :02AM 5. DATE OF BIRTH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR Female White April 20 1902 TO BIRTHPLACE (STATE OF FOREIGN 16 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York, NY HSA WIDOWED DIVORCED T PRINCE CEORGES 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sales Clerk CLINTON_MD Retail-Hecht SOUTHERN MARYLAND HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO 13a STATE Pr George Camp Springs 13e STREET ADDRESS / ZIP CODE 6903 Geneva Lane Maryland 20748 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDIE Louis Elizabeth MIDDLE LAST Becker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) David P Morris Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ŧ 18 CAUSE OF DEATH (Enter only one cause per type for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUF TO OF DISEQUENCE OF underlying cause last PART OTHER SHOWIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 20n AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an obove, (I) (we) (did) (did not) view the Bady after death. and that in (my) (aur) opinian death occurred on the date and haur and fram the causes stated 775. SIGNATION DEGREE 22c DATE SIGNED * ATTENDING STAFF MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b MPORT 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) COUNTY STATE 15Julv86 Burial Cedar Hill Cemetery Suitland Md 24 FUNERAL REBERT E Wilhelm 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Funeral Home (VRA 15, 4) Suitland, Md.

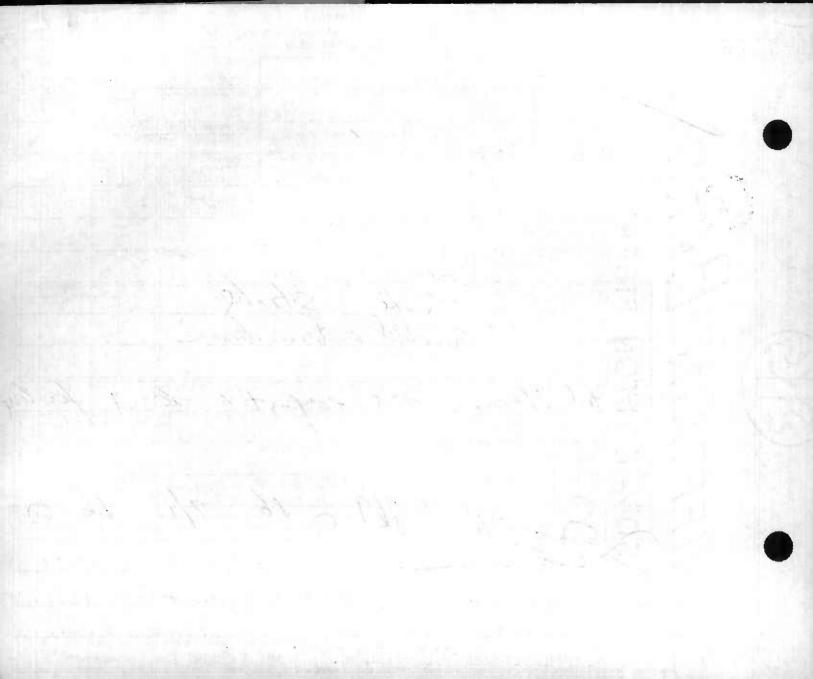


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3						ate and have and from the causes stated
7		saw the deceased alive an above, (l) (we) (did) (did nat)	view the bady after death.		on dealth decorred on me di	
-		226. SIGNATURE	1.	DE GREE ATTENDING	MEDICAL STAI	22c. DATE SIGNED
		acone/	LAOUI	JTE M PHYSICIAN		
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8		Nimil (Vanne	Fig.	HAD P.D	11
-	73- 1	BURIAL, CREMATION, REMOVAL	23b DATE 2	NAME OF CEMETERY OF CREMATOR	y 123d LOCATION	
		(SPECIFY)	ZJB DATC	THAME OF CEMETERS OF CREMATOR	CITY OR TOWN	COUNTY STATE
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4/B2	24 FI	UNERAL DIRECTOR	20.0		ATE REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE
4)	I A.	Doloresco, CEO	, PG Gen Hosp	ital Cheverly Md	02 1988 1	lia Dandom Rudalla

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	- STATE REGIST	RAR		ICAL EXAMINER'		NE DEATH	REG. NO.	
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SARY, REAS N. DIRECTOR YOUR FILE STON STREET	Na L	CE (STATEOR	S DATE OF BIRTH MONTH DAY Jan 15 7b. CITIZEN OF WH	YEAR LAST BIRTHDAY) M	UNDER 1 YR. IF UNDER	MIN PRONOUNCED DEAD	MONTH DA	1986 M PAY YEAR 2d. HOUR
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PAGE S	10. CITY OR 1	own of DEATH		ITAL, NURSING HOME, OR (ILITY, GIVE STREET ADDRESS) LIST CLINE other institution	12a. USUAL OCCUPATION FOR MOST OF WORKING Retire	LIFE)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USUAL RESIDE 130 STATE Mary	13b. Co	OME ON OTHER INSTITUTION, GIVE OUNTY \mathbf{PG}	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Capt. Hgts	13d. INSIDE CITY LIMITS? YES NO		dison Roa	a 20743
ORE, NO. DEATH. GES 1, 2 AM PM 3 AM D2 OF VITA	John		ord, Sr.	LAST	15. MOTHER'S MAIDE Lucil	MIDDLE	sley	LAST
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTTMORE, MARYLAND,	ACTU SIGN/	n resulted fram:	charge of the remains described and the Rock of the Ro	ribed abave, held an Au Accident , Suicide	tapsy , Inspection , Hamicide , Manicide , M	Undetermined manner MEDICAL EXAMINED Gybum Ch., C	DATE	7-3-86
BP	Bur Burera	DIRECTOR	July 10	133, NAME OF CEMETER 1986 AT	lington Na	123d. LOCATION LIONAL CET REC'D. BY REGISTRAR 12		Arlington,







•	ofter death. Page 4 may be	y the fueral director, page 3 and with AZZ hours ofter death
T (BALTIMOR) MARYLAND 2120	officate for executed within 24 hours	physician and campleren filled in trappers. Paget4 and 2 Flourid as the movel.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST BAITIMORE MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be storned by the hospital ar offending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fuzeral director, page 3 should be desirabled for use as the buried report. The page and 2 filled be fised within 72 hours often death with the State Dept of Health and Merical Hygieve price to buried, it emotion or removal.
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

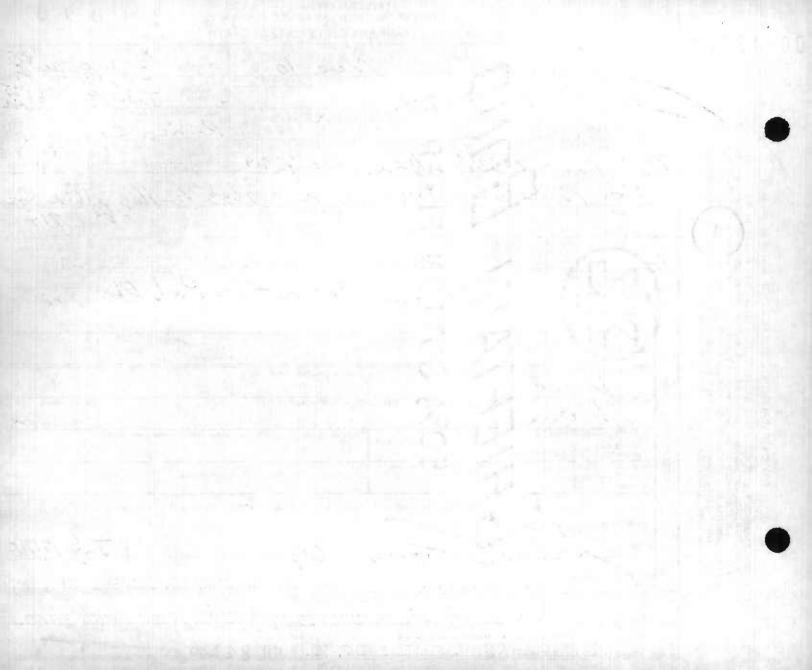
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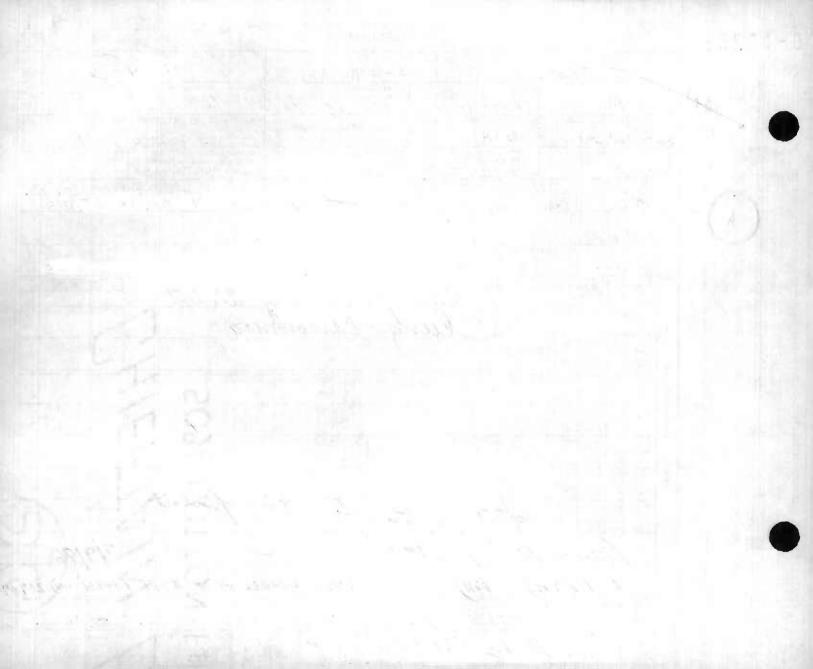
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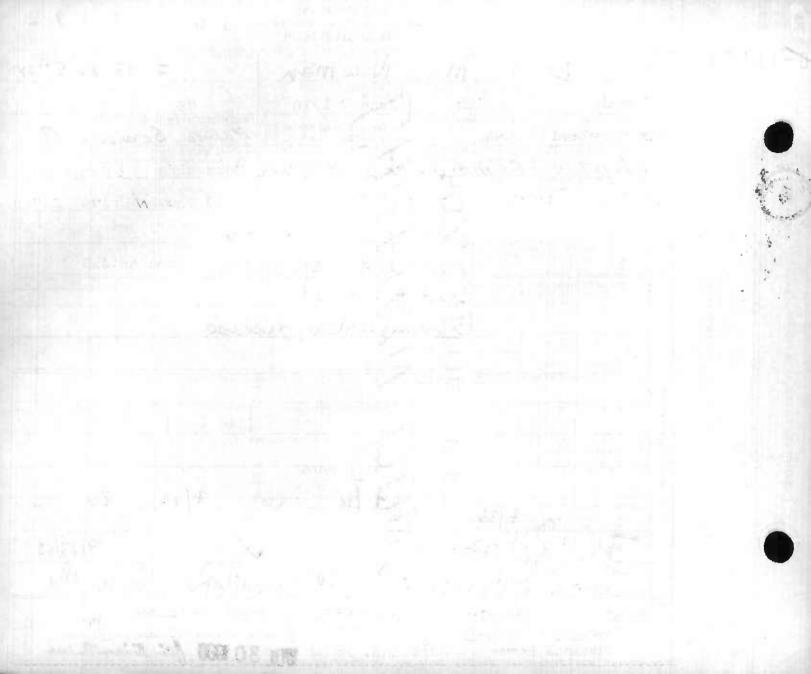
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	4		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIRNE 6 2 1 0 9						
			STATE REGISTRAR	MEDIC	CAL EXAMIN	ER'S CERTIFICATI	E OF DEATH	REG. NO.		
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00	10010		E OR PRINT)	1	7012	4 / /	20. DATE KI	HOWN MONTH	DAY YEAR 26 HOUR	
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_	2000年	To. BI	RTHPLACE (STATE OR	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER M.	9. BALTIMO	RECITY OR COUNT	TY OF DEATH	
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	/25 m		NNSYLVANIA	USA			ORCED LI POUL	200	CO of CUMD	
/	三年20日間 人	10. CI	TY OR TOWN OF DEATH	III. NAME OF HOSPITA	AL, NURSING HOME Y, GIVE STREET ADDRESS)	, OR OTHER INSTITUTION	12a USUAL OCCUPA FOR MOST OF WORKIN		OR HOLDER IN SINESS	
14	SEARCH	H	YATTSVILLE -	7232 11	the	a Aurital	744 CONSTRUC		WALL PRITOCES	
	arzag -		AL RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSIO	No.	CONSTRUC	TION FORE	HMAN BRIDGES	
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w	56297 NA		FIRST	WIDDIE	LAST	KATHRY	/A1	OLE JA	ODT LITTLE	
80	85 × 16 H		EDWARD		NEALON 66. SOCIAL SECURITY		N	ADDRESS	CRILLEY	
8	\$ 500 K	Y DO		VAR OR DATES)	B. SOCIAL SECURIT	NO. III. INFORMANT		ADDRESS		
BALTIMORE	ANT PR	У	ES W	U II	578-18-00:	24 CHRISTIN	IE O. NEALON	WIFE SAN	ME AS 13	
- 4	S N N N		18 CAUSE OF DEATH (Enter onl	y one couse per line for	(a) (b) and (c))			1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ti.	0.054		PART I DEATH WAS CAUSED	BY:	(4), (6), 6113 (6).)	2 665bru	- X	1 124	BETWEEN ONSET AND DEATH	
Z	# SERVER	-5	IMMEDIAT	E CAUSE (o)	Lyano		volve 1 v	NA	· Val	
15	NZ Z Z Z Z Z Z			DUE TO, OR AS	A CONSEQUENCE C	OF .				
2	三二条 3 3 5	1.3	Canditians, if any, which gave rise to immediate	(b)						
2	225E58		cause (a) stating the under-	< '	A CONSEQUENCE C) E				
5	B-3782		lying cause fast.							
64	S= = 399			(c)						
g.	RESERVE		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING 10 DEATH BUT P	OT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVEN	IN PART I (a).		The contraction	
8	#9075B	8	100re							
100	325420	IFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPER	ATION WAS PERFORMED?			20 AUTOPSY?	
3	るとはなるこ	유	11/10/20	/						
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2	SEE SE	MED	WHILE ONOT WHILE	STREET, FACTORY.	FARM, ETC.]	STREET	CITY OR TOWN	CO	OUNTY STATE	
	SER REPER		AT WORK AT WORK	425			2 19mm 7 June 10			
	D. STREET		22a I certify that I took charge	of the remains describ	ad abassa balid as	Autopsy , Inspe	ection Inquiry	7		
	高 288年3			100	ed above, nela an	Autopsy, inspe	ection (2) Inquiry L	and in my as	binian	
-	SEM DES	77	death resulted fram: Natur	al couses . Acc	cident . Jui	cide 🔲 , Hamicide 🗀	Undetermined moni	ner,		
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	ON PARTY	-					9 SEMINARY R	V. SILVEK	SPRING, MD.	
	FORFER	()	URIAL, CREMATION, REMOVAL 2	B DATE	230 NAME OF CEM	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COU	NTY STATE	
07/84	BP		BURIAL	ULY 22 100	GATE OF	HEAVEN CEMET	EDV STIVER S	PRING MON	TGOMERY MD.	
25M		24 F	UNERAL DIRECTOR FRANCE	S J. COLLI	NS TO	250. DA	TE KEC'D. BY REGISTRAR	256 REGISTRAR'S S	SIGNATURE	
	DHMH - 17 (VR A15 ME (5))	50				חמרוום ווח	111 24 1986	المناسبة والمنافذة	of and the state of the state o	
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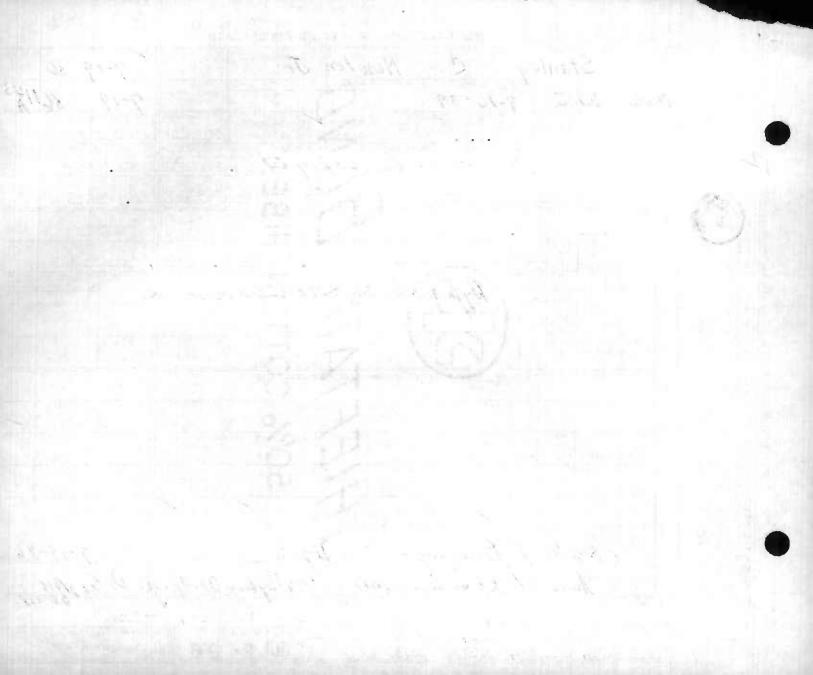
	1	FOR	DED A DE M	STATE OF MARYLAND	O 6	211291
12259	1.	STATE REGISTRAR	DEFARIM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0.
1 6 6 0 0		CEASED NAME FIRST	WIDDLE	[ASI		MONTH DAY YEAR 26. HOUR
be 3 leoth	(IAb)	JAMES	L	EWBERRY SR.		7 -9 -86
ò L	200		4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
The state of the s	1	m	CAUCASIAN	12 18 94	7/	YRS
8 1 M	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
For A		ATH CAROLINA	USA	WIDOWED DIVORCED	Prince G	eorge County A
13/05/	III. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 	G HOME OR OTHER INSTITUTION DDRESS)	12a USUAL OCCUPATI	ON 12b, KIND OF BUSINESS C OF WORKING LIFE) INDUSTRY
20027		aurel	Greater Laure	l Nursing Home	POWER PINNTC	OFCATOR.
1	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?	13e.STREET AND LESS	ZIP CODBeltsville, Md
/ DL	0		e Georges BELTS VIII		4404 Samar	<u>st.</u> 2 <u>0705</u>
1 1 1/	P) F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
11/10	W.	WILLIAM	T NEWBER		ADDRE	
1 25 3/		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (1F YES, GIVE	E WAR OR DATES)	RITY'NO. 17 INFORMANT	ADDRE	.55
1 1 1		Ves Luc	NI 577-05	James R. New	berry Jr san	ne as (13e)
equires that a signed by Then please to burial, cr	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
he low re on. hos been r permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
physical physical trificote il-tronsili of Hygin m. 18		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR		RY IN ITEM 18 PART 1 OR PART 2
PHYSIC ending this cer to burio ad Ment	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
OlNG Proposition of the office of the old of the ond marked	2	WHILE NOT WHILE AT WORK			· ·	-N
N A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (this hospit	tol) attended the deceased from	× 3 1988	2_ to Just	. 19, that (I) (we) lo
RECTOR. 4		saw the deceased alive an above, (I) (we) (did) (did not	t) viey the body after death.		death occurred on the d	ate and have and from the causes stated
the half or the half or the beat the Dept to D		1226 SIGNATURE	alun u	DEGREE ATTENDING PHYSICIAN	AMEDICAL STATE	FF 7/9/86
HOS ined ined bld h		22d PHYSICIAN'S NAME (TYPE O		22e ADDRESS		FZZI CAURET MD) 21
0 % 0 % W		BURIAL, CREMATION, REMOVAL	236 DATE 236 N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	Bı	rial	7/12/86 Ft.	Lincoln Cemetery	Brentwood	Pr. George's md.
DHMH - 16 50M 4/B3	24 F	UNERAL DIRECTOR	.//. 100 Powe	ler MIll Rd. 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VRA 15, 4)			AL Home Beltsvill		L 1 4 1986	Ficha Day
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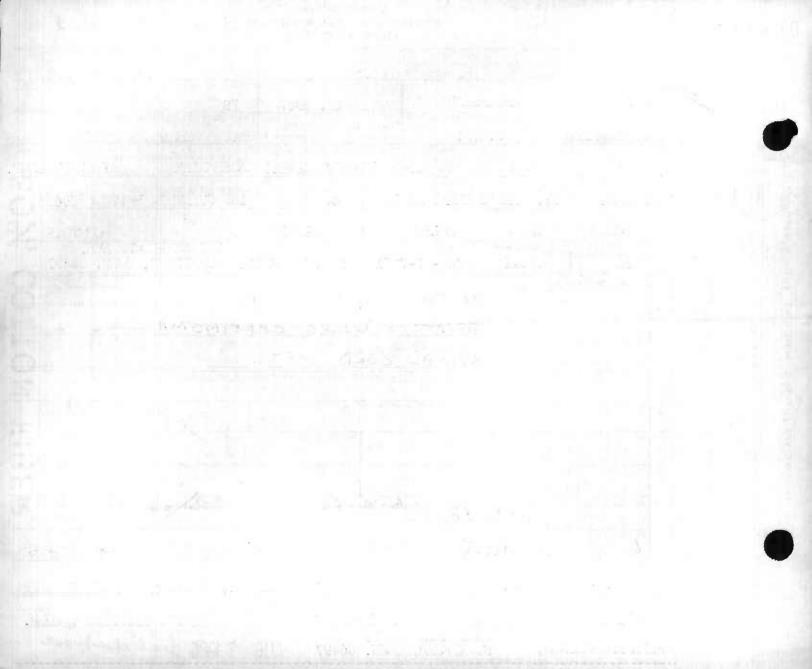
			FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIEN		REG. NO.	2	1 0	9 2
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all	1186	2	CLIN TO	DN	So M	HEACILITY, GIVE	STREET ACORESS)	HOS/	, (T	I USUAL OCC YPE OF WORK FOI House	R MOST OF W	ORKING LIFE)	INDUSTRY	home
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ORE	P# 94/		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	100000	SECURITY NO.	17 INFORMANT			ADDRESS		"12	
MIT a	0 2 2		NO			-	60-300	Heler	n Winf	rey	San	ne as		
N. PRESTON ST., B.	the attending physical services collecting or semple that traumatic event.		Canditions, if any, gave rise to imm cause (a), statin underlying cause	which	DUE TO, O	PAP A CON	SEQUENCE OF C	orlery	dise	ase			BEIWEEN	imate interval onset and death
RDS, 201	m signed by Then places or to barriol, or an injury, or an	NON	PART 2 OTHER SIGN		(c)CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE O	r condit	ION GIVEN	IN PART 10	a`
AL RECO	Territor to	CERTIFICATION	90 DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME		200 AUTOPS	Y? 2 	Ob. IF YES, V N CERTIFYII YES		NGS USED OF DEATH?
DIVISION OF VITAL	Certification and the second throat throa	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C	CALEXAMINER	P.	M. MONTE	H DAY YEAR	21c HOW INJUR	Y OCCURRED	(ENTER NATURE	OF INJURY I	NITEM IB PART) OR PART 2)	
DIVISION NG PHY	cher this rs the th th and M arked or	WED	216 INJURY OCCURE	ILE 🗆	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET		7	ITY OR TOWN		COUNTY	STATE
ATTEND	CCTOR J d for use t of Heal n 21 is m		220.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive an	7-123		1986 01	nd that in (my) (aur	r) apinian deat	th accurred a	n the date	. 19		that (I) (we) last causes stated
() S	RAL DIRE detache tinte Dep		22h SIGNATURE	CX	ter	2000	np	PHYS	NDING SICIAN DO	EDICAL IRECTOR _	STAFF PHYSICIAN	٧.	22c. DATE	23/80
SOH O	Thought by MPORTA		220 PHYSICIAN'S NA	C.	Vatte	188	mo.	750 C	Sur	Alle	1	Clin	In 1	Ma
8	3P	В	SURIAL, CREMATION,		26Jul	•	Cedar	Hill C	emete	-	witl		PG	state Md
DHA	VRA 15, 4)	24 FI	INERAL DIROGE Fune			Lm Su	itland,	Md	25a. DATE RE	O 1986		-	R'S SIGNAT	1 4



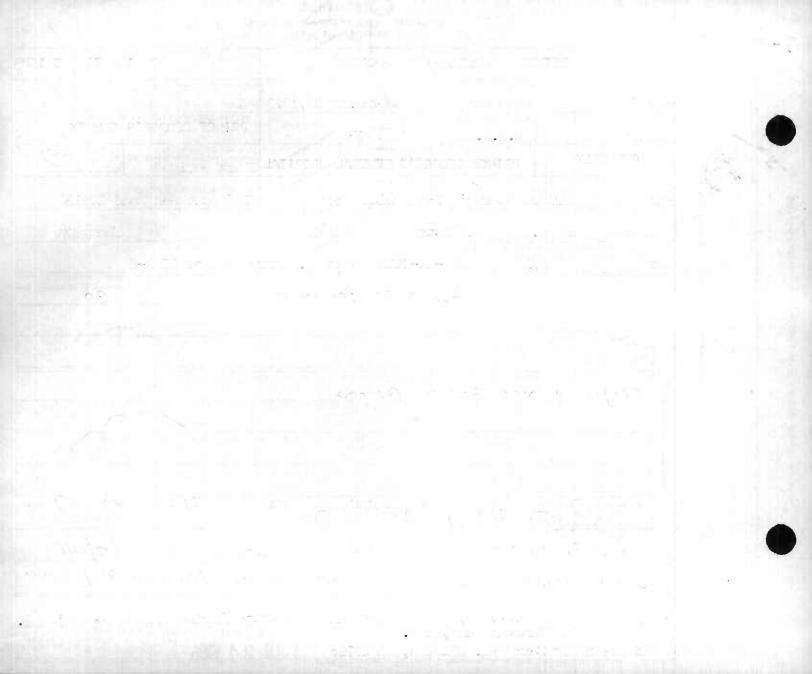
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME TO DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 46 TO BIRTHPLACE (STATE OR FOREIGN COUNTRY! NEVER MARRIED U.S.A. VERMONT WIDOWED [DIVORCED PRINCE GEORGE COUNTY ID CITY OR TOWN OF DEATH II AME OF HOSPIT'L NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY CLINTON SOUTHERN MARYLAND HOSPITAL HO. OPERATIONS MGR. PVT LAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN MARYT AND PRINCE GEORGE 7906 Elmwood La. CLINTON 20735 14 EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE STANLEY NEWTON HOLMES PATRICIA 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) WAR OR DATES) NO 013-30-5343 Mrs. Rosalie A. Newton, Same as #13 18 CAUSE OF DEATH (Enter only one cause per light for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: butensul Cardistascular disense IMMEDIATE CAUSE (a AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21e EXTERNAL CAUSE WAS 216 TIME OF INJURY 2 Ic. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Natural causes Suicide Hamicide L Undetermined manner MEDICAL EXAMINER o covibuate 30 BURIAL, CREMATION REMOVAL 236 DATE July 23,1986 Resurrection Cemetery Clinton, Maryland BURTAL 07/84 25M FUNERAL HOME, 6633 Old Alexander 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Ilia Davidson-Mandeton (VR A15 ME (5)) FERRY ROAD, CLINTON, MARYLAND 20735



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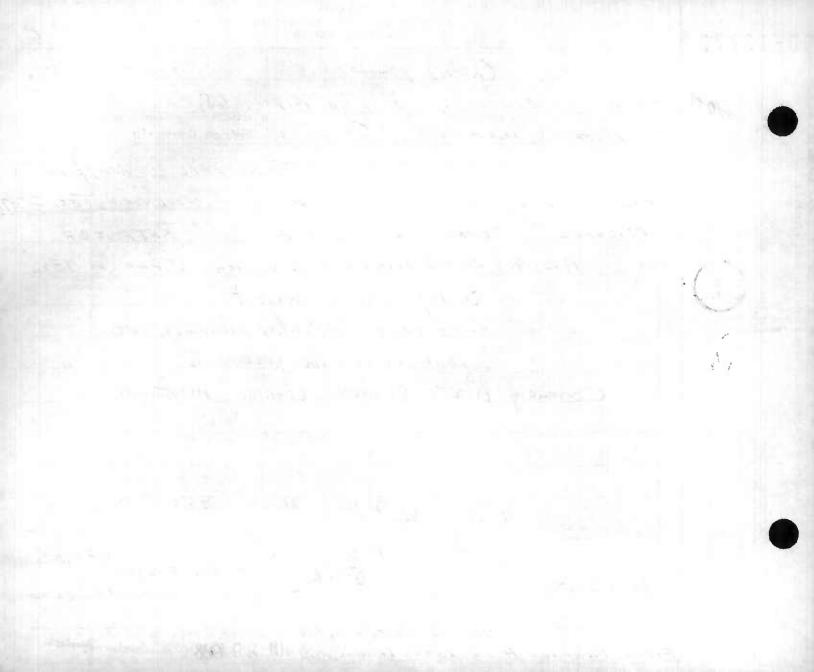
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TTEN Portol For u		saw the deceased alive on	t) view the body ofter death.	ond that in (my) (our) apinion	death accurred on the date and hour	and from the causes stated
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HOSPITAL med by 11 FUNERAL bld be det on the State ORTANT:		22d. PHYSICIAN'S NAME (TYPE O	PRPRINT) Aroor S Ray	o, M.D. 22e. ADDRESS	J DIRECTOR PHYSICIAIN	
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIESTOR: A AFTER DEATH, WITH THE ST BAUTMORE, MARYLAND, 2		22a I certify that I taok ch	107 /				nd in my opinion	
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	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	73- B	(TYPE OR PRINT)URIAL, CREMATION, REMOVA		Kauffman, M.D.		Penn St.		
07/0/		(30.8)	Burial Burial	7/9/86			ocation or town		STATE
07/84 25M	BP	24 F	JNERAL DIRECTOR	ADDRESS	D D D 45		Y REGISTRAR 256 REG	INTRAR'S SIGNATURE	arylar
	(VR A15 ME (5))	H	intt Funeral	Home		2060 1 JUL 9	1986	- and appearance of the sale	-

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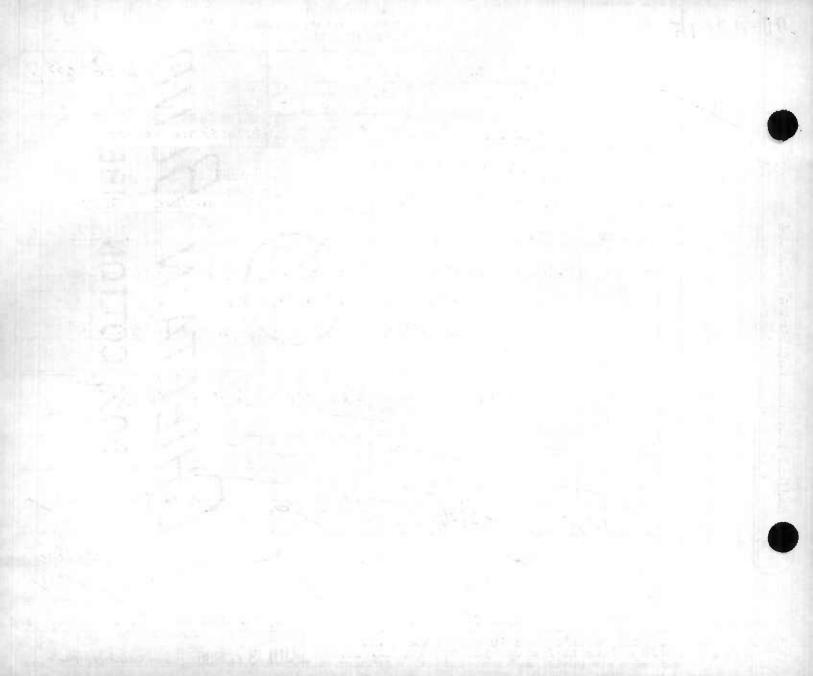


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TTEN priol TOR for u	3	saw the deceased alive an above, (I) (we) (did) (did no	ital) attended the deceased from 19 11 view the body after death.	, and that in (my) (our) opinion	, to, 19 death occurred on the date and hour o	and from the couses stated
	,	Robert	anulung		MEDICAL STAFF DIRECTOR PHYSICIAN	1/16/86
TO HOSPITAL retoined by the TO FUNERAL should be deter with the Store IMPORTANT		22d PHYSICIAN'S NAME (TYPE O	AMMLUNA			UREL, MD 20707
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/19/86 Wa:	NAME OF CEMETERY OR CREMATORY LnutHillCemetery		COUNTY STATE MASS
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR LECK FUNERA	C HOME INC.	LAUREL, MD. 250. DAT	E REC'D. BY REGISTRAR 25 REGISTRA L'21 1988 Augusta	

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Alls Gasch's Sons Funeral Home, P.A. Baltimore Avenue Hyattsville, Md. 20781 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



dn-11702	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		21101
1 25		CEASED NAME FIRST WAL	TER B	PENINGER	REG. NO. 20. DATE OF DEATH MON 7	1H DAY YEAR 2b. HOUR 5 86 6:20pm
re 4 mby	1. SE	Male	4 RACE Caucasian	5. Date of Birth June 25, 1909	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS BAYS HOURS MIN.
0 1 1 77		RTHPLACE (STATE OR FOREIGN COUNTRY) th Carolinia	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEO	DUNTY OF DEATH ORGES COUNTY
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TISION OF Y PHYSICIAL Hending ph the buriol-fr and Mental l ed of Henri	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)		FFICE, FARM, ETC] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
3 0 6		22a. I certify that (1) (this hasp	ital) attended the deceased f		death occurred on the date o	, 19 that (I) (we) lost and hour and Irom the causes stated
AL OR ATTEN , the hospital ALA DIRECTOR deteched for or ore Dept. of He AT. If Hem 21 is		226 SIGNATURE	view the body offer death.	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
TO HOSPITAL TO FUNERAL Should be deta		226. PHYSICIAN'S NAME (TYPE O	Mostaan	27. ADDRESS 4235 28th Av	ve. Temple Hil	ls MD. 20748
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DHMH - 16 60M 7/84 (VRA 15, 4) 66		UNERAL DIRECTOR Lee FI Old Alexander Fo	uneral Home, Derry Rd. Clint	nc.	TE REC D. BY REGISTRAR 194	REGISTRAR'S SIGNATURE

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	retoined by to TO FUNERAL should be definite the State IMPORTANT:		Kichard H.t	-arson, M.	D	Ff Wash.	md 3	0744
		23a B	URIAL, CREMATION, REMOVAL	236 DATE 236 N	NAME OF CEMETERY OR CREM	CHY OR TOWN	C county	STAJE
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	DHMH - 16 60M 7/84 (VRA 15, 4)	1	THORNTON FUNER	AL HOME ADDRESS &	omonkey, Md.	.IIII 1 1 100R	Julia Davidour-1	
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: 1 Di 40	10 CITY OR TOWN OF DEATH Mitchellville	11. NAME OF HOSPITAL, NURSI UF NOT IN SUCH FACILITY, GIVE STREE VILLA ROSA N	NG HOME OR OTHER INSTITUTION F ADDRESS) Ursing Home	120 USUAL OCCUPATE (1YPE OF WORK FOR MOSTO Priest	OF WORKING LIFE) INDUSTRY
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be executed an and construction and cons	160 WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] [IF YES, G	RMED FORCES? IVE W ROR DATES) 1041-44	Rev.	Anthony D	Mitchellville MD
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ATTEND Sypital or STOR: A for use or of Head for use or af Head for use or at 1 is m	sow the deceased alive a			death occurred on the do	ate and hour and from the causes stated
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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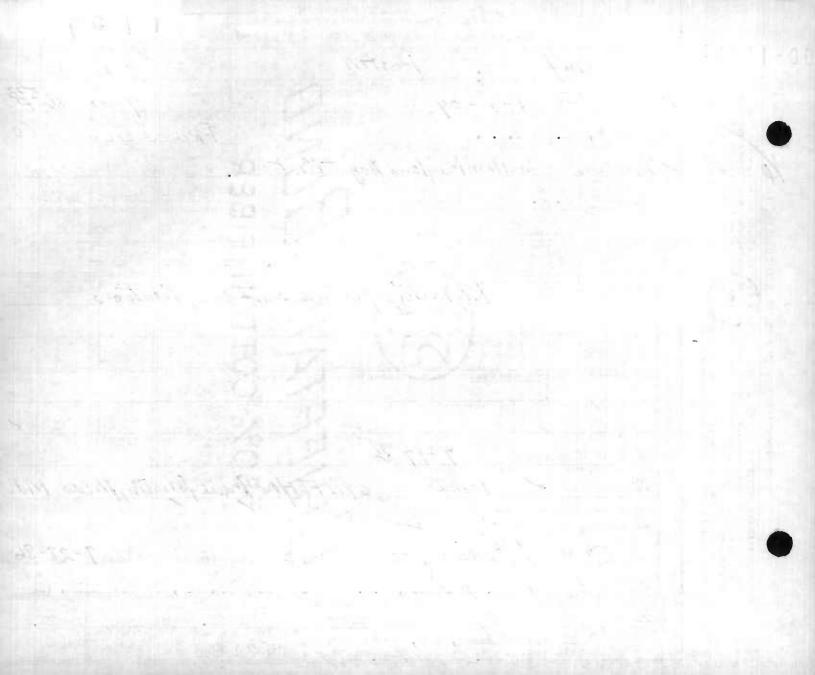
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10 Maria Ch	INTON SIDENCE LIFTIN NURSING HOME OR	Southern othern give	CALLED BEFORE ADMISSION	aspite Cent	Ast. Mine	e Foreman	Coal Mine
Mary	land P. G.		Clinton		MAIDEN NAME	ford Stree	t 20735
Guy	Samu		Posten	Miria	em "		onohue
TAGE NO NO	DECEASED EVER IN U.S. ARMI D. OR UNKNOWN) (1F YES, GIVE W. N/A		208-07-5426			Same as 13.	A-E
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THE DEA			driguez, M.	M.D. Deput D. ADDRESS 500	y		
07/84 BP Bur	L. CREMATION, REMOVAL 236			TERY OR CREMATORY	23d LOCATION CITY OR TOWN Calif.	COUNT Washington	Y STATE
	RAL DIRECTOR Lee Fun	eral Home	, INC.	25c. [UI 3 1 1986		GNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAST 20. DATE OF DEATH MONTH TYPE OR PRINTI LUTHER 07-11-86 POWELL 1-5FX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Black HIE Male 20 26 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S North Carolina U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE! PRINCE GEORGE SOGENERAL HOSPITAL CHEVERLY Cab Driver SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1131 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE D.C. 3813 Minnesota Avenue, NE 20019 Washington YES K NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Powell William H. Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 579-38-9073 Lawrence L. Powell 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OWEN 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES! WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) ottended the deceased from, saw the deceased alive an, and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE MEDICAL ATTENDING PHYSICIAN P DIRECTOR PHYSICIAN NAME (TYPEOR PRINT) 22e ADDRESS

FOR

4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

ROLLINS FUNERAL HOME, INC.

7/19/86

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

(VRA 15. 4)

24 FUNERAL DIRECTOR

12b. KIND OF BUSINESS OR

Self Employed

Dickens

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

22c. DATE SIGNED

hier disorders . Kondakk

3813 Minnesota Ave NE, Washington, D.C.

INDUSTRY

YES [

Landover Prince George's MD

250, DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

23d. LOCATION

STATE OF MARYLAND

IF UNDER 24 HRS

OOAM.

23c NAME OF CEMETERY OR CREMATORY

Harmony Memorial Park

Barrier Marie DIF - O - LEE . N. - CT The statement entity is retained from Calendary Vicense.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

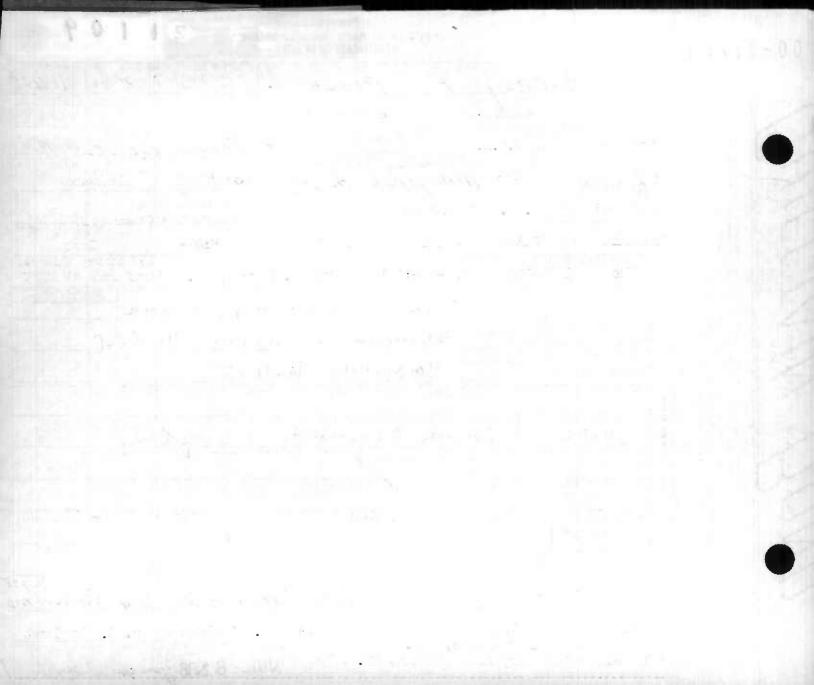
STATE OF MARYLAND

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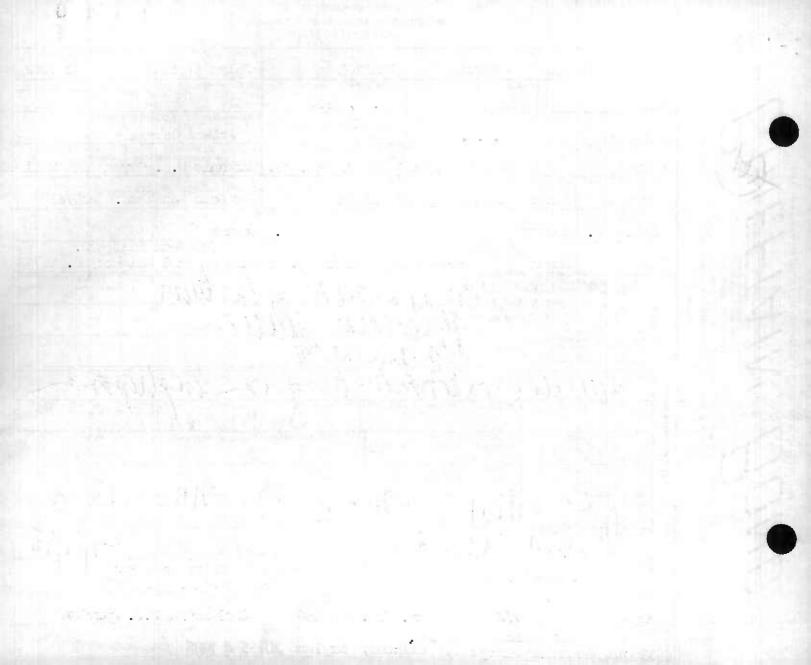
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FOR STATE REGISTRAR		DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. N	86	21	100
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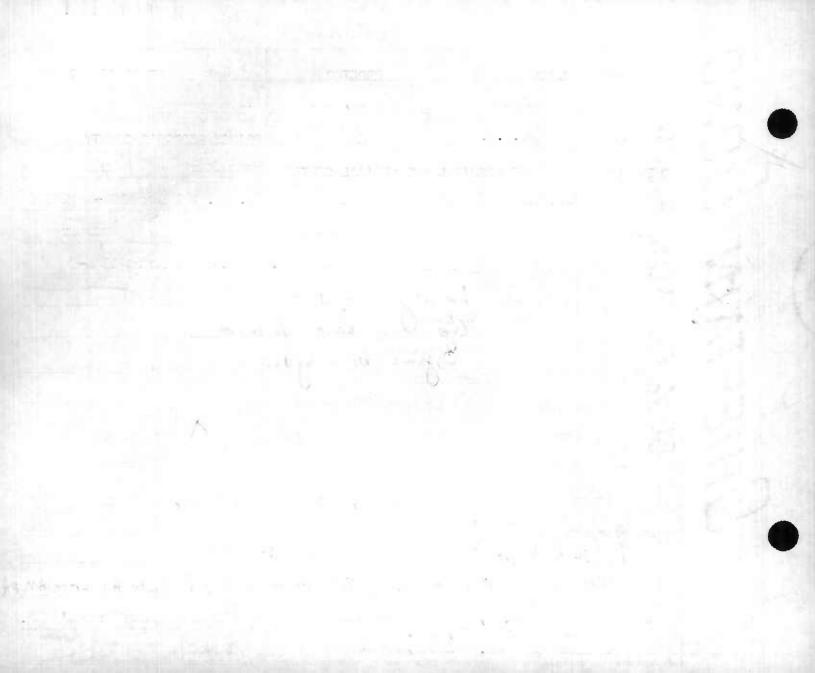
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mo.	3 SE		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
ge 4 ector irs of	M	ale	Caucasia	an	Febr	uary^~23, ~1924	62	YRS. MONTHS DAYS	HOURS MIN.
nerol dir	Ма	ryland	IIISA		MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH		CO MD.
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filled in hould be	13gM	at residence (if nursing home or state ary land 136 coun	TY G.	GIVE RESIDENCE BEFORE 134 CITY OR TOWN Suitland	ADMISSION)	130. INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS / ZIP		20746
ompletely and 2 si		ather's Name anklin S	ilas	Powers		Mabel FIRST	Viola	Car	ey
on ond co		NAS DECEASED EVER IN U.S. ARI YES. MYES MYES 1943	MED FORCES?	217-12-1		Aubrey F. Po		877 Broadw urchton, M	
physicia on papers emoval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per D BY: E CAUSE (a)	line for (a), (b), and A & au	ceal	Halif nom	m ADRA		MATE INTERVAL ONSET AND DEATH
the death ce by the ottending ise remove corbin cremation, or r	NOI	Conditions, if any, which gove rise to immediate cause (o1, stating the underlying cause last.	(b)	R AS A CONSEQUE	TOU	4 - Percept Ann	stent Ble	dip	
equires the signed Then plear to buriol injury, or		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
he low rion. The bearing the prior in the prior	CERTIFICATION	190 DATE OF OPERATION	A	TION FOR WHICH I		N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
uG PHYSICIAN: T ottending physici iter this certificate is the buriol-tronsis h and Mental Hyg riked ar Item 18 sh	MEDICAL CER	2] g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	71L HOW INJURY OCCURS	ED (INTER MATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
		216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY FET, FACTORY, OFFICE, FA	ARM, ETC)	2H. LOCATION SHEET	CITY OR TOWN	COUNTY	STATE
TENDIN outof or TOR: Affort use of for use of of Health		220.1 certify that (1) (this hospit sow the deceased alite an			G	d that in (my) (our) apinion of	fourth occurred on the date of		that (1) (we) lost
the hosp the hosp at DIREC etached to the Dept of them if them if		sow the deceased altre an adversarial point of the control of the date and hour and from the couses stated above, (I) (we), (did, fol) view the body after death. DECREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
ro HOSPITA etoined by TO FUNERA should be di with the Sto		228. PHYSICIAN'S NAME (TYPE OF	PRINT)			7501 SUR		11	20735 UN MU
0 g 5 g x x +	23a E	BURIAL, CREMATION, REMOVAL		23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		77070
BP		Burial	07/07/8			Veterans Cem	. Cheltenham	P. G. Ma	ryland
DHMH - 16 60M 7/8466 (VRA 15, 4)	24 FI	uneral director Lee Fu Old Alexander Fo	neral Ho erry Roa	ome, Inc. ad Clinto	n, Md	. 20735 250. DAT	REC'D. BY REGISTRAR 256 R		TURE



	1-	FOR STATE REGISTRAR	DEPART	REG. NO.	1 0				
13200		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEA	R 2b HOUR			
be oge 3	(TIPE	Joseph	Martin	PROCTOR	July 17,1986	10:00P _M			
то). po	3. SE	X	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 Y	TEAR IF UNDER 24 HRS			
ge 4	Ma	ale	Black	Jan. 5, 1935	51 YRS.	MIN.			
Pod Por	Ja. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? MARRIED XX NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	A			
teo de la contraction de la co		aryland	U.S.A.	WIDOWED DIVORCED	☐ Prince George's м				
(14)	Lá	TY OR TOWN OF DEATH anham	Doctors Hospit	ing home or other institution et address) Lal of Pr. Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST Mechanic U.S. Governs	DOFBUSINESS OR TRY ment Retire			
165	130. 3	STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 400 Date Leaf Ave.	20743			
npletely and 2 st		illiam K. Proct	MIDDLE LAST	is mother's maiden na Mary M.	ME	LAST			
NG PHYSICIAN: The low requires that the death certificate be executed within a ottending physicion. Iter this certificate has been signed by the ottending physicion and completely filler to so the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 strate that had Mental Hygiene prior to burial, cremotian, or removal.		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17, INFORMANT	400 Date Leaf Avoctor Capitol Heights				
ENDING PHYSICIAN: The low requires that the color ortending physicion. R. After this certificate has been signed by the conse as the busial-transit permit. Then please remained by the properties of the propert	CERTIFICATION	gave rise to immediate cause into its stating the underlying cause lost. PART 2 OFHER SIGNIFICANS THE DATE OF OPERATION	DUE TO, OR ASIA OF VICO	AATHAT NOT REATED TO THE TERM H OPERATION WAS PERFORMED	The AUTOPEY? The AUTOPEY? The AUTOPEY? The AUTOPEY? The Certifying Cause of the Certifying Cause o	NO CT			
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O HOSPITAL OR ATTER erouned by the hospital TO FUNERAL DIRECTO should be detached for with the State Dept. of h		120 PHYSICIAN'S NAME [1997 CA PRINT] Lewis H. Dennis, M.D. 19							
D 5 7 4 3 3	23n. l	SURIAL CREMATION, REMOVA	The state of the s	NAME OF CEMETERY OR CREMATORY	734 LOCATION	27411			
BP	_	Burial	7/21/86 M	d. Vet. Cemetery	Cheltenham P.G. Mary				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR Lee I	Funeral Home Inc	linton Maryland	EREC'D. BY REGISTRAN 256 REGISTRAN'S SIGN 1324 1986 Julia Davidon	NATURE - Candelle			
(AUV 15' 4)	166	33 Old Alexande	er Ferry Road C.	THICH, PALYTAIN 30	F-2 4 8000 A				



	FOR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC	8 6	2	
000	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.	
	DECEASED NAME FIRST	WIDGE	LAST	20 DATE OF DEATH		26 HOUR
	Rose LEN	A	PROCTOR		07 29 86	7 45P M
3.	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THOAY) IF UNDER I YES	
	Female	Black	July 29, 1904 YEAR	82	YRS	
1956	COUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
Charles and the	Maryland	U.S.A.	WIDOWEDXX DIVORCED		RGE'S COUNT	Y MD
14	CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION DD MEDICAL CENTER	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOMEMAKER		
7 I B	SUAL RESIDENCE IF NURSING IQME OR. ISTATE COUN aryland argland	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c CITY OR TOWN	AGMISSION	St. Rt. #	ZIP CODE 1198-	A 20646
0/	FATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA			
50	Thomas Her		Christina	WIOOLE	Pro	ctor
116	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRE	SS	
1	NO NO OR UNKNOWN) (IF YES GIVE	220-26-26	Sylvester R.	Proctor S	Same as 13	A-E
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Political only in the state of	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2	n
ACDICA	AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA		CITY OR TO	WN COUNTY	STATE
OE S	220-1 certify that (1) (this haspit	al) attended the deceased from	June 23, 1986 ₁₉	July 29	. 17	_, that (I) (we) fast
21	the deceased alive an above 11) (ye) (did) (did not	July 29 19 19	and that in (my) (aur) opinian	death accurred an the do	ate and have and fram t	he causes stated
T Head	1226. Starl	aro	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	27c. DA	TE SIGNED
IMPORTANT IF	22d. PHYSICING NAME (TYPE OF	LEACH M.]	THE MODINESS	- A	Sute A1	LANHAM
_ B	BURIAL, CREMATION, REMOVAL	Aug. 1, 1986 R	AME OF CEMETERY OR CREMATORY SSURTECTION CEMETE	23d LOCATION Clinton	Prince Geo	orge's Md
	FUNERAL DIRECTOR LEE FT			E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATHERONIA
6633	Old Alexander Fe	erry Rd. Clinton	, Ma 20/35	11 3 1 1986	A SOUTH BOOK BARRIES	1



	E	1-	FOR STATE REGISTRAR	LOG [/-		DEPARTMENT O	FHEALTH		TAL BYGIENI				
1-12	2043		CEASED NAME	FIRST	7.10	MIDDLE		LAST		a. DATE KN	REG. NO.	AONTH D.	AY YEAR 26 HOUR
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	ASSESS	1.5E	4. RA		5 DATE OF BIRTH	6 AGE (IN	YEARS IF UN	DER 1 YR. IF L		2c DATE	M	ONTH D	DAY YEAR 2d. HOUR
	SASSES /	M	ALE E	3LK.	10-22-	53 32	YRS.	S DAYS HO	DURS MIN	PRONOUNCE DEAD	D	7	3 19 86 8:20E
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			PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIV	EN IN PART 1 (g)				
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	HE CER OULD HI, WIII	10	ACTUAL SIGNATURE	MAUL	to, 10	eynll		D.Assist		CAL EXAMINI		DATE	7/4/86
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	502549	23a B	URIAL, CREMATION,	REMOVAL 23	T DATE	23c. NAME OF C	EMETERY O	RCREMATORY	O A 23d, LOC	CATION	1. 1	COUNTY	STATE /
07/84 25M	BP	74 F	UNERAL DIRECTOR	- /	-8-86	Haim	pres	Men	DATE REC'D. BY	REGISTRAR I	Sh REGISTR	APIS	Md.
	DHMH - 17 (VR A15 ME (5))	14	NAME DILLETON	Lunch	L ADDRESS	4925 1	ift Is	1	HIII' TO	4000	1		Prode Bles
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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MIDDLE FIRST TYPE OF PRINT Karl G. Repsher 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Male 03 Caucasion 35 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE (STATE OR FOREIGN MARRIED W NEVER MARRIED COUNTRY TISA Prince George Penna. WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 8204 Stardust Place Customer Engineer Ft. Washington USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 8204 Marulano Wash YES DO NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MICOLE LAST FIRST MIODLE E. Repsher Fannie Mark 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 58-1960 209-24-7990 Lillian C. Repsher ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A PREQUENCE OF arcinons Canditians, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d Ö 21h. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC 21d INJURY OCCURRED 211 LOCATION 21s. PLACE OF INJURY STREET (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) WHILE NOT WHILE AT WORK Feb. 22a 1 certify that (1) (this hospital) attended the deceased fram saw the deceased olive an July 22 86 abave, (1) (we) (did) (did nat) yiew the bady after death 22b. SIGNATURE DEGREE ATTENDING FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23b. DATE

7/31/86

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill. Md. Ul

FOR

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DHMH - 16 60M 7/84

(VRA 15, 4)

BP

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Cremation

24 FUNERAL DIRECTOR

Wagner ADDRESS same as item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF TOWN STATE and that in (my) (aur) opinian death accurred on the date and have and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 5618 St. Barnabas Rd. Oxon Hill. Md. 20745 R.A. McConnaughy M.D.

23d. LOCATION

Alexandria

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

COUNTY

STATE

Va.

23¢ NAME OF CEMETERY OR CREMATORY

Metropolitan Crematory

MONTH

IF UNDER 1 YEAR

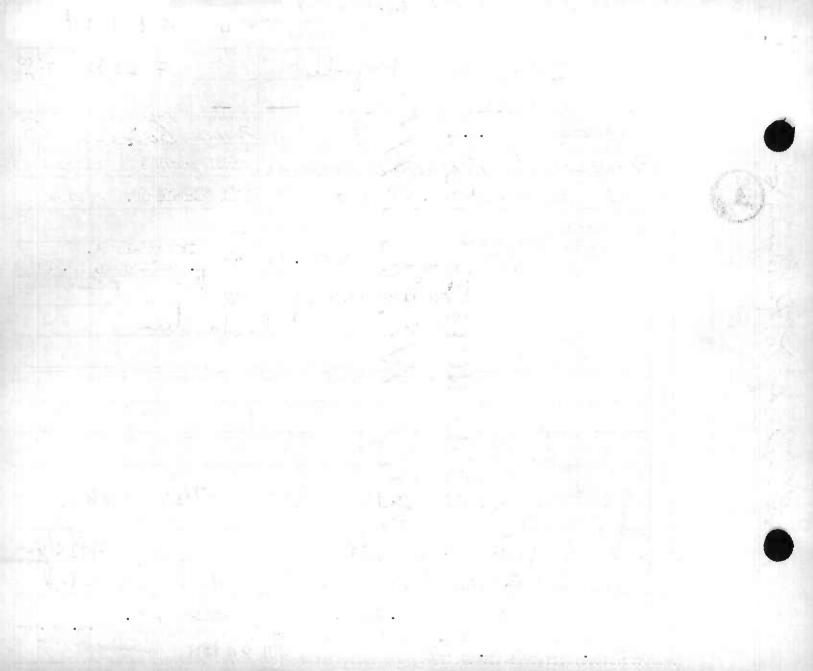
12b. KIND OF BUSINESS OR

STATE OF MARYLAND

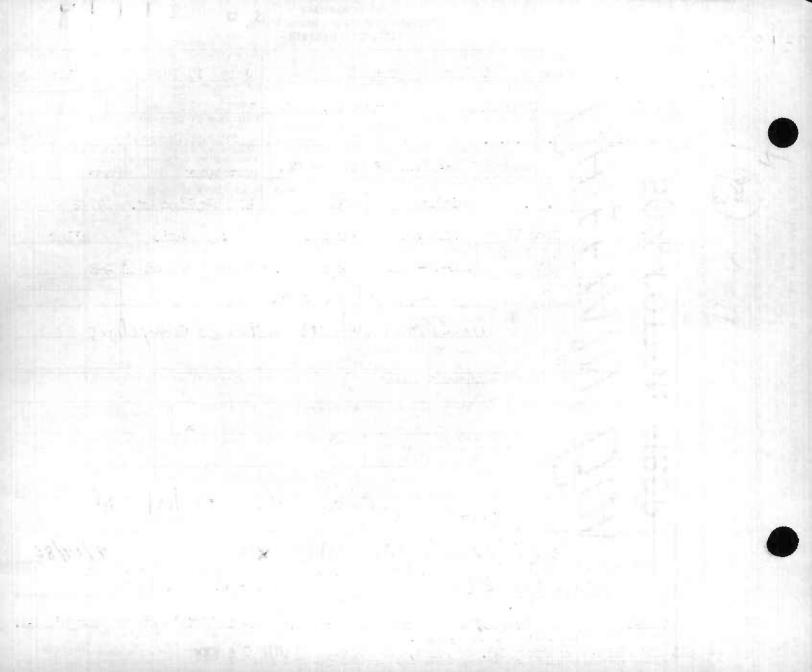
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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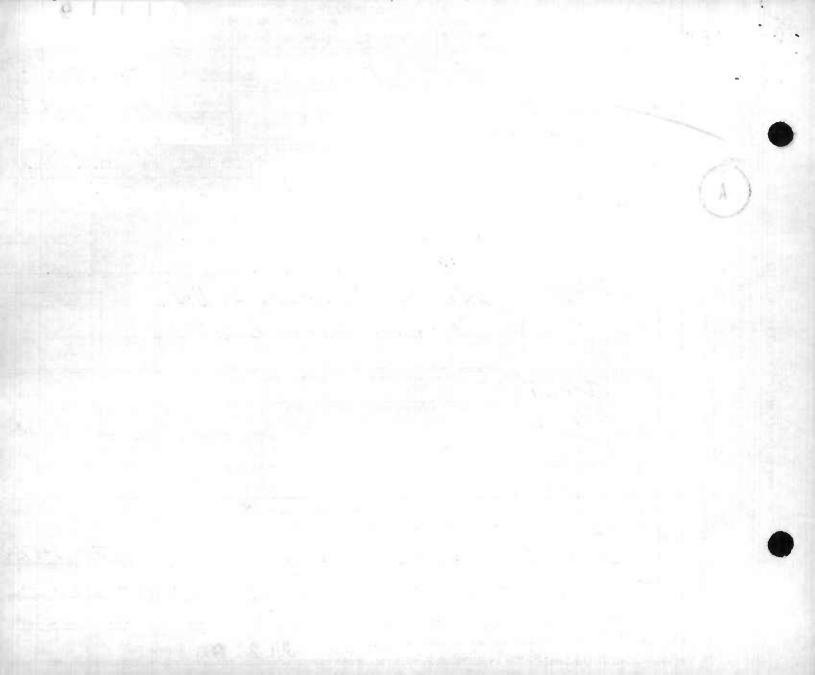
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mo)	3. SEX	4 RACE	5. DATE OF IRTH 191	4 6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
oge 4	Male	White	August 14 1916	69 71	YRS.
deoth. P	76. BIRTHPLACE (STATE OR FOREIGN Pennsylvania	U.S.A.	MARRIEXX NEVER MARRIED L	PHINCE-	SEORBES BAD.
the f	CLINTON	So MI HAY	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) LAND HOSPITM	126 USUAL OCCUPATION TRAIN SET	
6 0 15	Maryland Pr	AE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY INCE GEOR 13c. CITY OF THE	BEFORE ADMISSION) 134 INSIDE CITY LIMITS? Washing to 11 NO 12	8621 Oakda	12 St. 20744
MARY 2 1 10	Frank Reynold	S MIDDLE LAS	Iva Je	nkins	LAST
on ond con Poges	16a, WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	security no. 17 INFORMANT Mary M. Re	T TOO O C	Oakdale St. ashington, Md. 20744
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OF VIII. T	OR CONTRIBUTION CAUSE O	F DEATH HOUR A.M. MONTH	1 DAY YEAR	JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)
VISION OF PRISON	(IF EITHER, NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f. LOCATION	CITY OR TO	WN COUNTY STATE
TELDIN Or use or of Health	220.1 certify that (I) (this I	ospital) attended the deceased of anoth lew the body after death.	C 74	on death occurred on the de	5 19 60, that (I) (we) lost one ond hour and from the causes stated
the hose the hose A I DIRECT TO BE DEPT:	Odove, (I) (we) (did) (d	a not) New the body offer death.	DE PREE ATTENDING	/	22c. DATE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store	220 PHYSICIAN'S NAME I	Ver printerson 1	WO, 7501 S	anall R	I Clinto M.
P	230 BURIAL, CREMATION, REMO	VAL 23b. DATE 7/26/86	23t. NAME OF CEMETERY OF CREMATORY Ft. Lincoln	23d LOCATION CITY OR TOWN Brentwoo	d, Md. COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	74 FUNERAL DIRECTOR Fun	eral Home Inc.	RESS 6633 Old Alexander	ATE REC'D BY REGISTRAR	

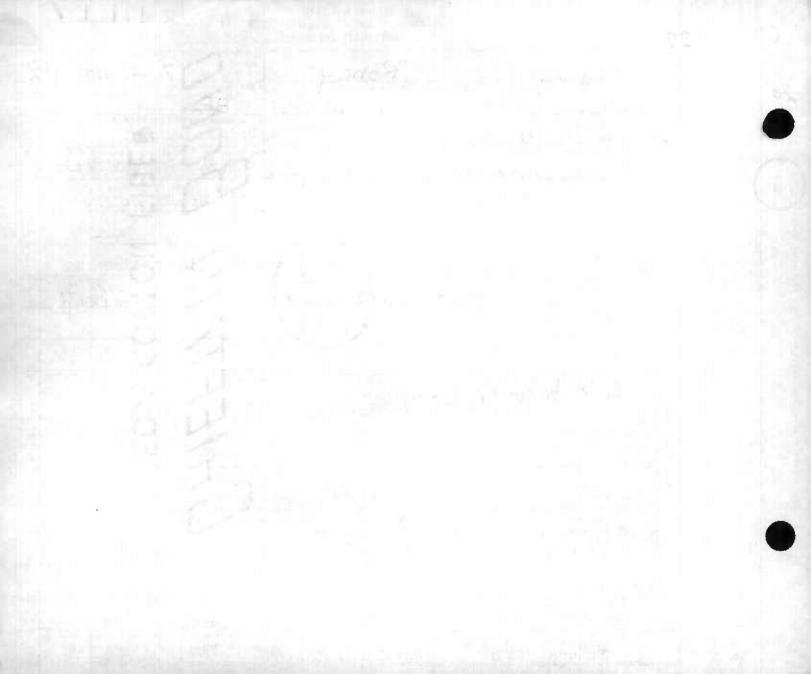


-13204	1.	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	E OF MARYLAND HEALTH AND MENTAL H TCATE OF DEATH	REG. NO.						
a 1 J Z U 4	I. DE	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DE		DAY YEAR	2b. HOUR			
: 4 may be tar. page 3 after death	(TYPE	OR PRINT)	Lveda	Gir	ndhart	RHO	DES	July	5,1986		12:10AM			
moy . pod	3. SE	x		4. RACE		S. DATE O	OF BIRTH	6 AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS			
s ofto	Fe	male		Caucasia	an	Augu		83	YRS.	MONTHS DAYS	HOURS MIN.			
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Theo n 72		iladelphia	PA.	U.S.A.		WIDOWI	D NEVER MARRIED !		e George	s's	MD.			
A BA		ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCC	UPATION	126. KIND C	F BUSINESS OR			
100	La	ınham		Doctors	Hospi	tal of	Pr. Geo Co.	Homemak	MOST OF WORKING L	Home				
Colores de la co	U5U	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)	A 124 IN ISING CITY I WATER							
台灣 到了		rvland		G.	Suitlar		13d. INSIDE CITY LIMITS?		vline Dr		6			
No the second		ATHER'S NAME		MIDDLE			15. MOTHER'S MAIDEN	NAME						
1 11/60	Cha	arles		roll	Ginha	art	Dorothea		Marie	Mh n	ller			
\$ 8 9 T	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRESS	110	4404			
* 50 P	No	YES, NO OR UNKNOWN)	N/A	E WAR OR DATES)	192-22-	-1085	Dorothea B.	Curcio	Same as	13 A-E				
4 9 4 4		18 CAUSE OF DEAT		ly one cause per			/	Carcio	Jane as		MATE INTERVAL ONSET AND DEATH			
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equi	CERTIFICATION													
ow re-	S	190 DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY	? 20b. IF YE	S, WERE FINDI	NGS USED			
The lo	E							YES NO		ES [NO [
ZASSIS		21a. ACCIDENT WAS UND				DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)				
SICIA ng ph certif rial-tr	MEDICAL	(IF EITHER, NOTIFY MEDI				19								
A Maria	(ED)	21d INJURY OCCURE		21e. PLACE	OF INJURY	CE FARM ETC.)	21f. LOCATION STREET	CI	Y OR TOWN	COUNTY	STATE			
otter ther the hono	2	AT WORK NOT WH	RK				1-	0	1 1	-1				
NDIR I or II		22a.1 certify that (1)			/ /	m d	150 19	6 , to	15	. 19_01	that (I) (we) last			
Spiro CTO for of h		sow the decease above, (1) (we) (c	ed alive an	t) view the body	ofter death	26.0	nd that in (my) (our) opini	an death occurred or	the date and ho	ur and from the	couses stated			
OR A e ha e ha DIRE oched Dept		226. SIGNATURE	//	1	-	11.	DEGREE			22c. DATE	SIGNED			
7 = 7 = 0 =			1	My	and	Meu	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [7/	7/86			
HOSPITAL nined by th FUNERAL ould be det th the State		22d PHYSICIAN	AME ITHEO	Be	rtram W	elsbau		500 Hanove		ay, #205	5			
TO HOSPITA retained by T O FUNERA should be de with the Stot		11	ul	land	lier	/		Greenbelt,						
D € E # 3 37		BURIAL, CREMATION,	REMOVAL	JIM DATE	73	C. NAME OF	EMETERY OR CREMATOR	Y 23d. LOCATIO	N	COLORS	/1.15			
BP	Bu	cial		07/18/	/86 W	Jashing	ton National	CEM Suit	and Prin	ace Geor	ae's Md.			
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR L		nerál H	ome, INc	ç.	25a T	ATE REC'D. BY REGI	TRAR 256. REGIS	TRAR'S SIGNAT	URE			
(VRA 15, 4) 663		ld Alexand					20735 JI	UL 24 100	6 Hilland	Taindon-1	andette			



STATE OF MARYLAND DECEASED NAME KNOWN 2a DATE LTYPE OR PRINT EST1-Mary Elaine Rhodes DEATH MATED IS DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 65 BIRTHDAY) MONTHS PRONOUNCED Jan. 25, 1921 Female. White DEAD NO STATES TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. Prince 'George's County U.S.A. DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND) OF BUSINESS Leland Memorial Hospital Secretary Riverdale " STY OR TOWN! Alad INSIDE CITYLAMITS? 1130 STREET . DOCTOR Maryland Greenbelt 26 Crescent Road 20770 P.G. 15. MOTHER'S MAIDEN NAME MIDDLE John St. Clair Edith Thompson ADDRESS Box 202 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 578-12-5420 Clair (Brother)Olney, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes Hamicide L Suicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME 1919 Seminary Rd. Silver Spring, Md. John S. Rogers, M.D. (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' 07/17/86 Cedar Hill Cemetery Burial Suitland P.G. Maryland 07/84 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** Julia Davidson-Ren 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))





FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 21118

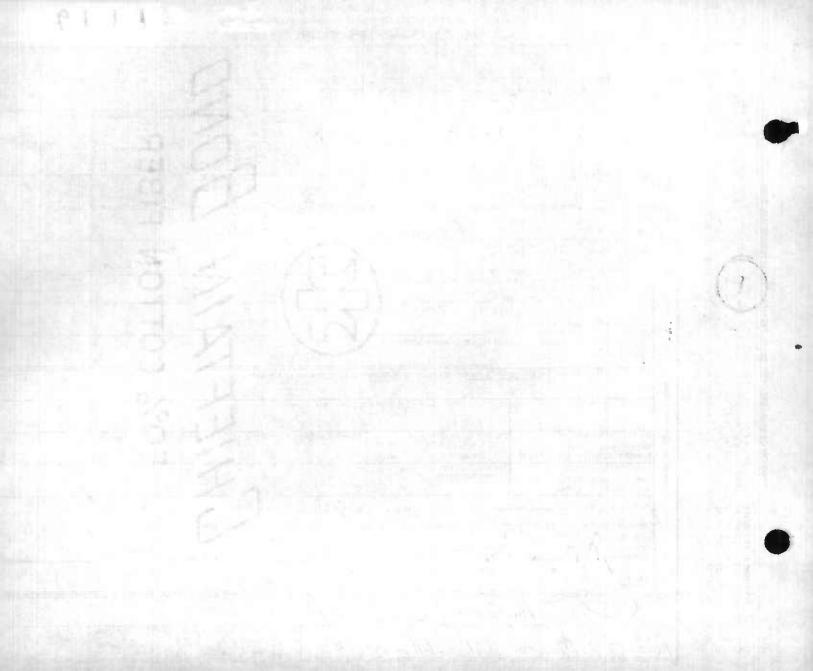
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								NEO. 141	<i>i</i> .				
1		CEASED NAME FIRST	<i>N</i>	NIDDLE		AST	2	O. DATE OF DEATH	MONTH	DAY YEAR	Zb. HOU	R	
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	3. SE)	X	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER	24 HRS	
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4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRI	9	BALTIMORE CITY O		OF DEATH	1		
5	V	irginia	USA		WIDOWE			Princ	e Geo	orges!		MD.	
1	III CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTE	II NC	2a USUAL OCCUPATION	NC	12b. KIND C	F BUSINE	SSOR	
7	-	Lanham	Doctors	Hospita.	l of I	Pr. Geo. C	0.	Retired			Gov t	t	
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2	14 FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME			141	. 7		
1	1	Joseph S	outhall	Noble		Anna Worsham Timberlake							
2		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	CIAL SECURITY NO. 17. INFORMANT ADDRESS								
	n		IVE WAR OR DATES	578-16-8	1294	Ann R. K	ing	sam	e as	13e			
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			SED BY. ATE CAUSE (0)	Candra	nes	pruton	an	toe					
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	24 FL	UNERAL DIRECTOR	well	16000 A	nnapo	lis Rd.	25a. DATE S	REC'D. BY REGISTRAR	25b. REGIST	TRAR'S SIGNA	TURE		
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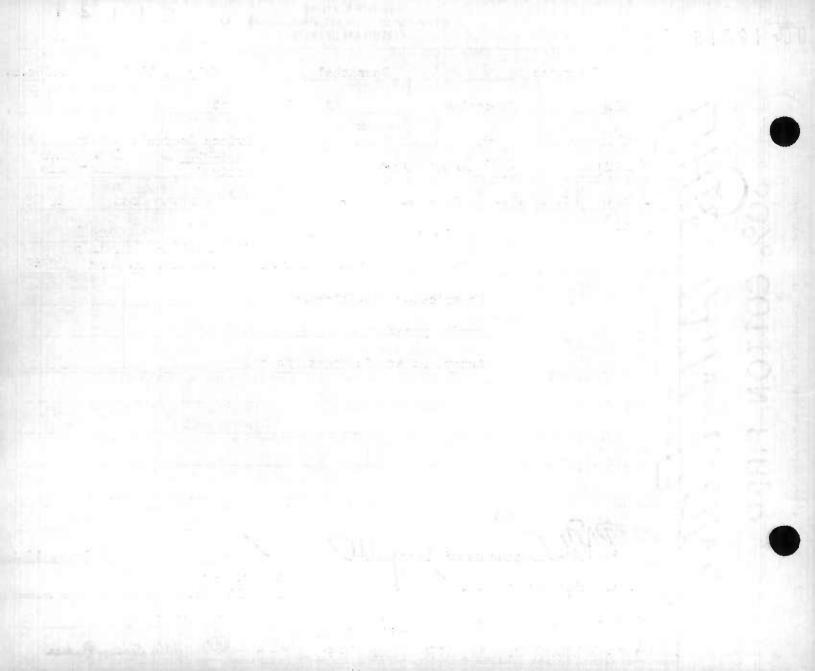
Franks V Commenter to the first to the Comment of t Partres v Division Village v Coving Constituent format format and all some statement of the s Foliage County Monthly Notice Notethen Timber's Notethen Syd-Mage Man R. King same as 13e Locot the party book Healt Sunstant Home (Boats, Maryland 1879)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HARGING - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1 DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-CARL ROBINSON DEATH MATED X 26 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 20. DATE LAST BIRTHDAY) PRONOUNCED DEAD 1086 O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County WIDOWED X DIVORCED O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 920 Larchmont Ave. Capitol Heights HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 110 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST .455e 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ORAJNKNOWN) LIF YES GIVE WAR OR DATEST Robinson CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DE ATH WAS CAUSED BY. Carbon monoxide intoxication IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES ST NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7-25- 1986 2P.M. Subject inhaled fumes from chain saw. 21e PLACE OF INJURY LATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK 920 Larchmont Ave., Capitol home MD Heights Autapsy X 220 I certify that I took charge of the remains described above, held an Suicide X Homicide L Undetermined manner Notural couses PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYI TITLE (SPECIFY) Deputy Chief DICAL EXAMINER 7-29-86 SIGNATURE Arın M. Dixon, M.D. 111 Penn St., Balto., MD 21201 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY STATE 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

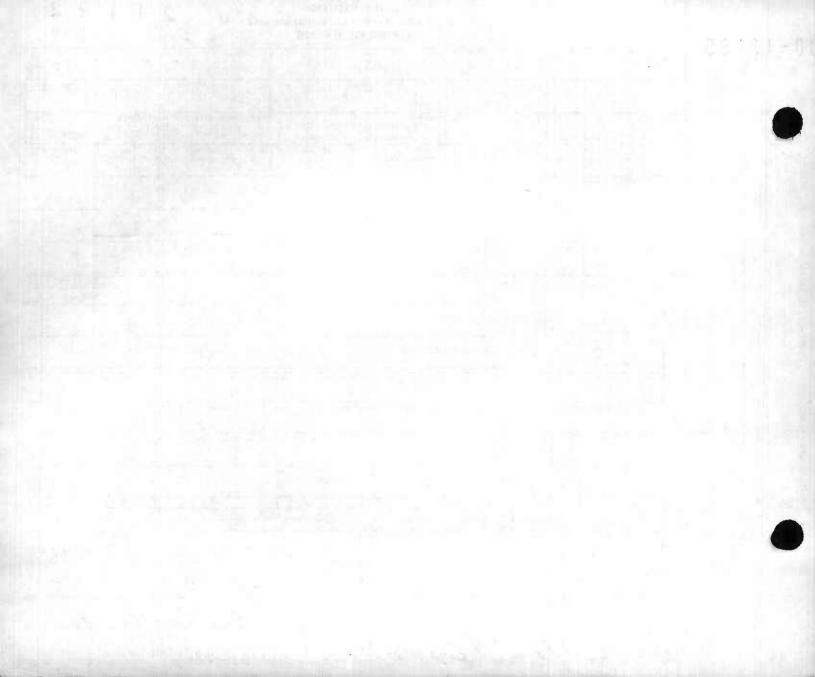


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 2a. DATE OF DEATH 2h HOUR STYPE OR PRINTS 07-07-86 Franze ROPKA 10 :30AM KARL 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male White MONTH 1926 59 ept. 0 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED COUNTRYS PRINCE GEORGE'S U.S.A. Maryland WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE CHECKED ROSE STAGENERAL HOSPITAL CHEVERLY Contractor: Const. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES X 7747 Emerson Road arvland Geo vattsville NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Ropka Harris l'homas Minnie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT APPRES'rson Road (IF YES, GIVE WAR OR DATES) 578-30-6898 Hvattsville. Md Gladys Ropka 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ADVANCED PULMONARY FIBROSIS IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF BRONCHO PNEUMONTA Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES F NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF CIF EITHER NOTIFY MEDICAL EXAMINERS 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a I certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on. above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 724 PHYSICIAN'S NAME 22e ADDRESS d be PORT shoul with 1 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE COUNTY CITY OR TOWN Cremation Lee Crematory Washington. 24 FUNERAL DIRECTOR 25a DATE REC Rendon/Hale Lanham Funeral Home DHMH - 16 60M 7/84 (VRA 15, 4) Annapolis Road, Lanham.

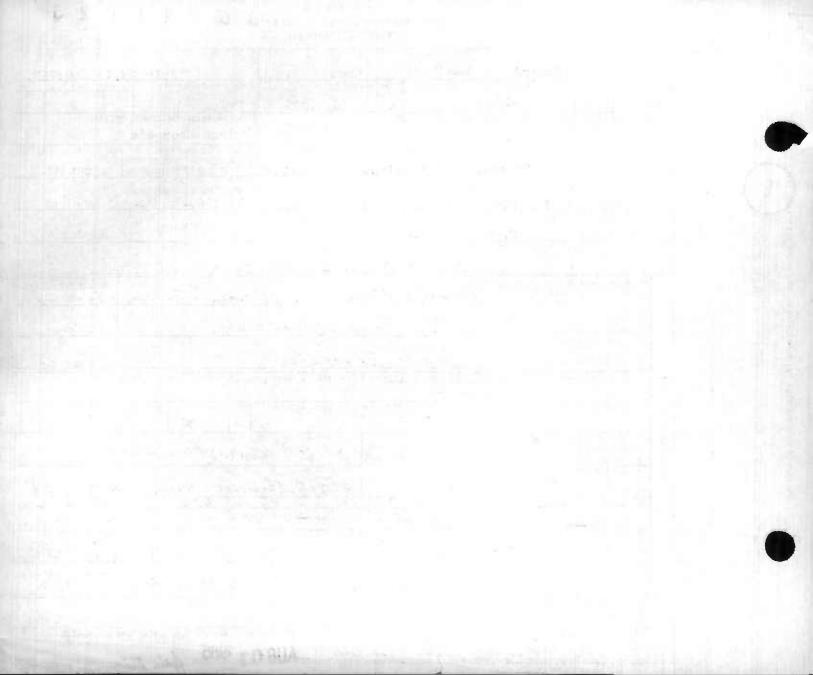
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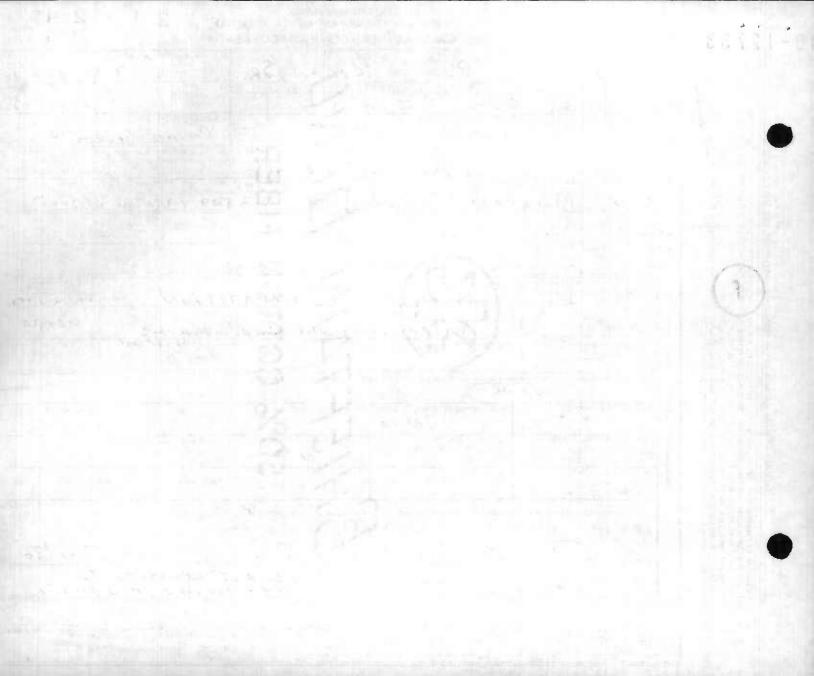
1 - FOR request, 8/20/86 DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH	6	- 64
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Julia Dendama



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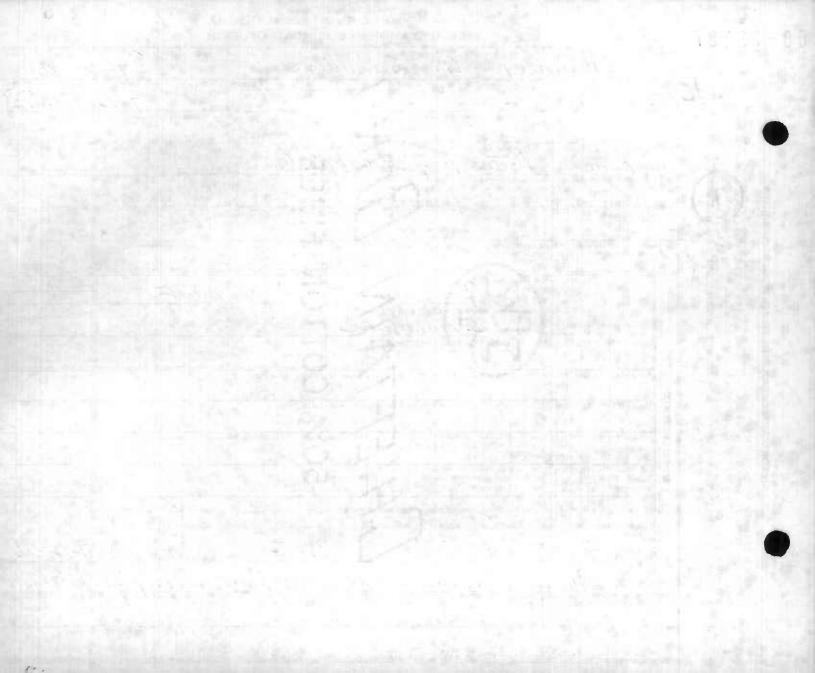
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	ELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. 1 PAGE 5 FOR YOUR FILES. BEFILED, WITHIN 72 HOURS 35, 2011 PRESION STREET,		ITY OR TOWN OF DEATH		COLTAIN A BURGANIA HAVE	WIDOV		Prince Georg	
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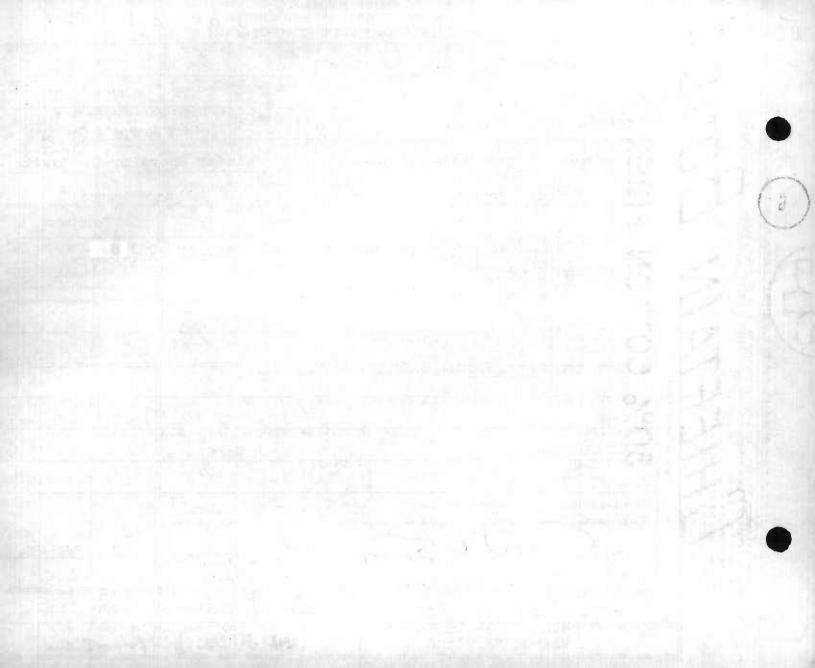
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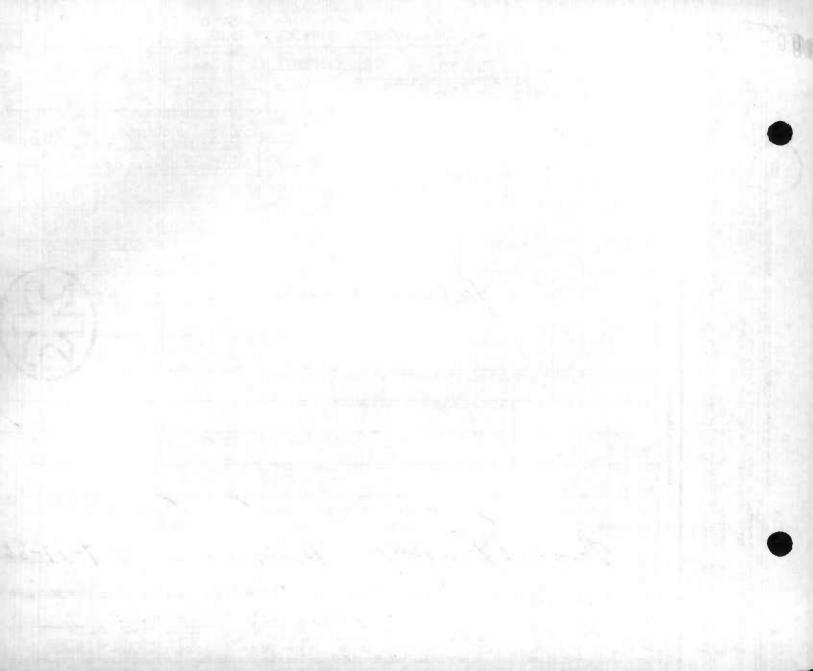
STATE OF MARYLAND

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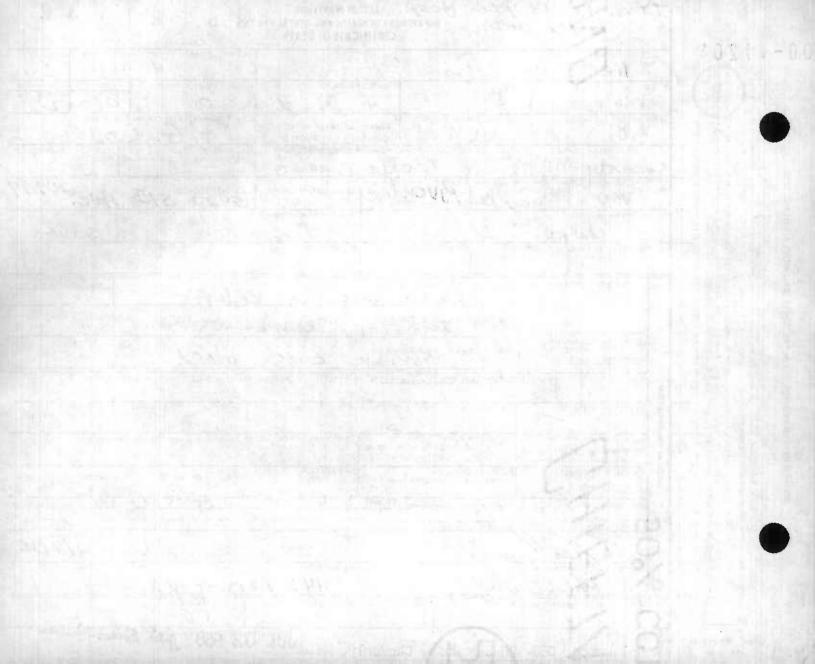
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PACE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALKIMORE, MARYLAND, 2	-		AUGUS					Rayburn Court; C	amp Springs,Md.
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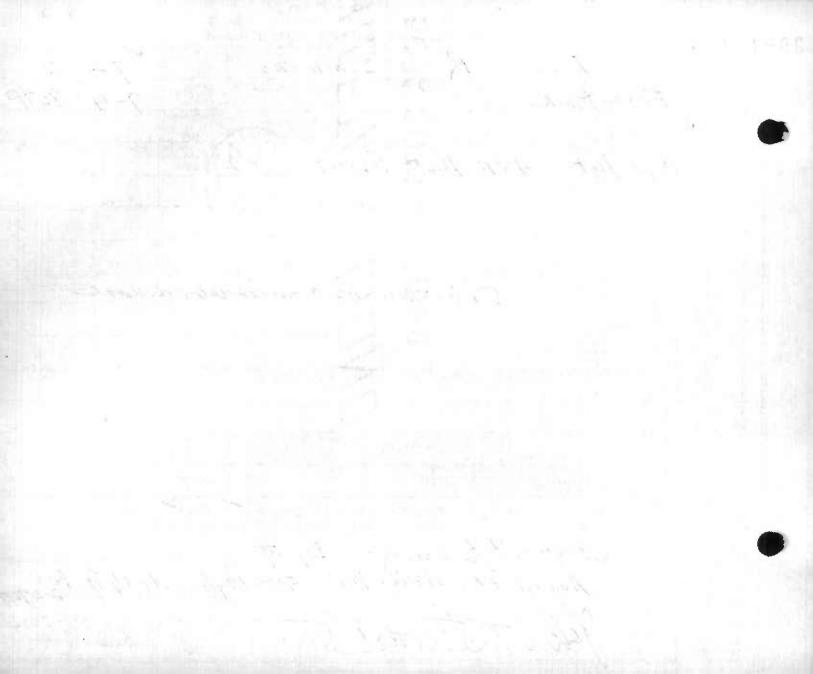
	T-tems 13-14 per Hosp. State of Maryland 1- STATE 7/28/86 DAD DEPARTMENT OF HEALTH AND MENTAL HYGIEND 6 2 1 3 2 CERTIFICATE OF DEATH REGISTRAR REG. NO.
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nerol tr	BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MAR
by the furtiled with	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. KIND OF BUSINESS COMMUNITY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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N ST., BALT certificate to thom population of the complete of	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Eard O Vascular Collapse I h
DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours of stending physician and completely filled in by so the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled in by as the burial-transit permit. Then please remove carbon popers. Pages and 2 should be filled in by and Mental Hygiene prior to burial, cremation, or removal.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PREMA FUNCTION OF AS A CONSEQUENCE OF PROBLEM OF PROBLEM OF TO BUBBLE OF PROBLEM OF TO BUBBLE OF TO
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L RECOR	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY AND ITS DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
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WISION JG PHYSI offending ter this ca is the burn ond Me	OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
ENDI tal or OR. A	270-1 certify that (1) (this hospital) attended the deceased from 19
at OR ATI the hospinal DIRECT At DIRECT Ste Dept. of T; If frem 2	228. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN UNITED HYSICIAN
TO HOSPITAL resouned by 11 TO FUNERAL should be det with the State	220 PHYSICIAN'S NAME (14PE OR PRINT) A-KARKOWSKY 1142 Keiscy Rd.
0 % 0 % 3 3	236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY PRIOWN COUNTY STATE
DHMH - 16 50M 4/B2	24 FUNERAL DIRECTOR A DOLOResco CEO PG Gen Hosp Cheverly Md



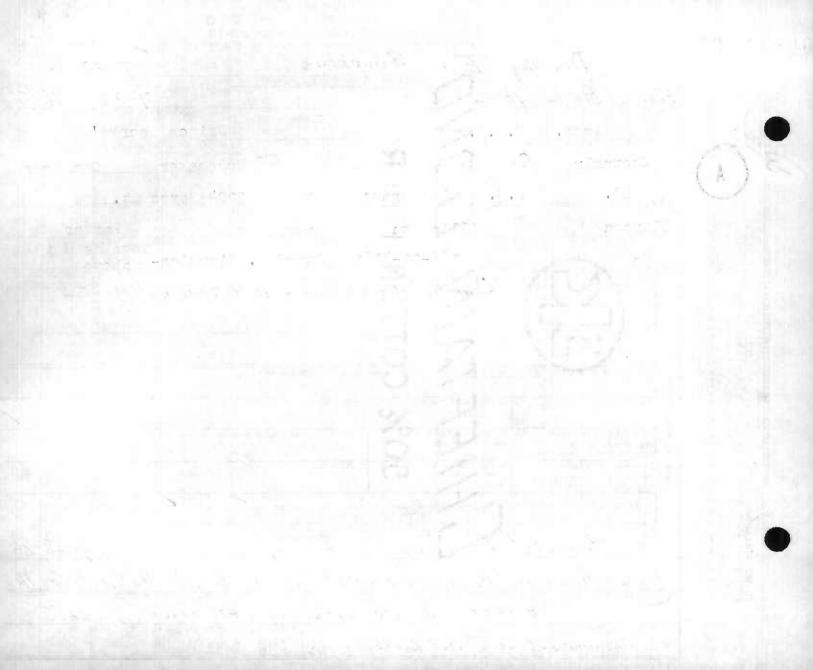
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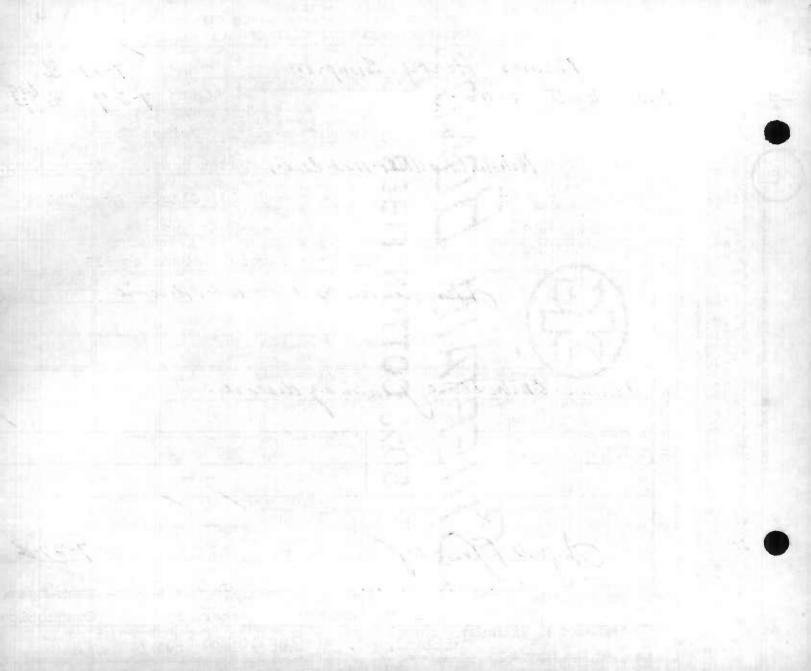
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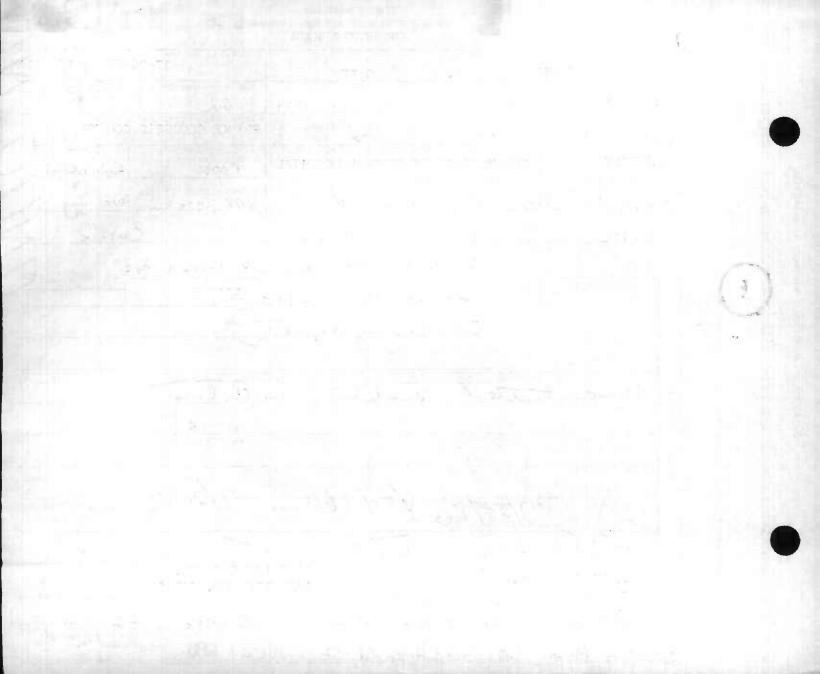
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	EXAMINER: THIS CERTIFICATE SHOULD CERTIFICATE, WRITING THE WORD "PROUD BE FORWARDED TO THE CHIEF!" I WIRECTOR, PAGE 3 SHOULD BE USED. WARYLAND, 21201 PRIOR TO BURIAL,		22a Leastify that	I took charge of t	he remains des	cribed above, held an	Autopsy	Inspection	Inquiry	, and in my ap	
	A S S S E E A		death resulted from		100						Jinion
	REE BE		dealli resoned from	. Natoral co	120	Accident [_], Si	vicide,	Homicide .	Undetermined manner	اللا	
	CAL EXA THE CER SHOULD ERAL DIR SATH, WIL		ACTUAL THE	gusty)	Y	he ener.		TITLE (SPECIFY)		DATE	7-28-86
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE () - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Thomas RACE IF UNDER 24 HRS 2c. DATE PRONOUNCED 82_{YRS} DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED England England Prince George WIDOWED 3 DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 1726 KIND OF BUSINESS HOSPITAL NURSING HOME, OR OTHER INSTITUTION Maintenance Arco-Anacon Andrews AFB 13g STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS A 3. REJ Pr George Suitland Maryland 5141 Clacton Ave 20746 G WITH FORM KEY, SAIT, PAGES L'AND'S SI 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST Unobtainable unobtainable 16h SOCIAL SECURITY NO 17 INFORMANT 044-01-6219 Joan Lavoie Same as #13 No APPROXIMATE INTERVAL RETWEEN CHOSET AND SEATH 18 CAUSE OF DEATH (Enter only one couse per landacio), (b), and (c) PART I DEATH WAS CAUSED BY Herantuckie Cardersouler descore IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMOVIL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED. THE STATE DEPARTMENT OF HEL AND, 21201 PRIOR TO BURIAL, CA 19a. DATE OF OPERATION 96 CONDITION FO 20 AUTOPSY? YES NO / 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2To HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PACE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural couses Homicide Undetermined manner TITLE (SPECIFY) Deputy EXAMINER'S NAME Augusto P. Rodriguez. M.D. ADDRES 5009 Rayburn Ct . Temple Hills. MD 230 BURIAL CREMATION REMOVAL 236 DATE Burial 8-1-86 Calvary Cemetery Waterbury Connecticu 07/84 25M Wilhelm Funeral HOme 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRODETT **DHMH - 17** Suitland, Md. (VR A15 ME (5))



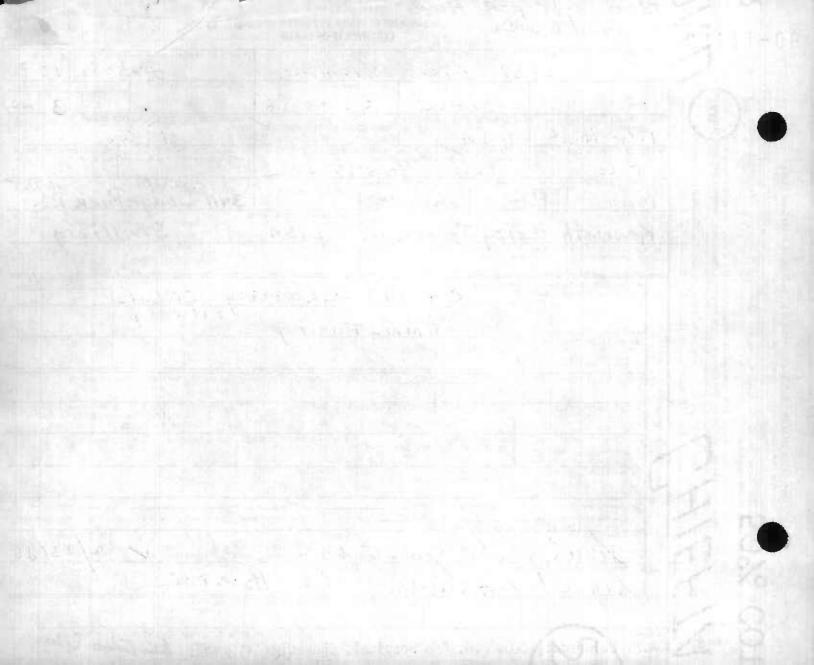
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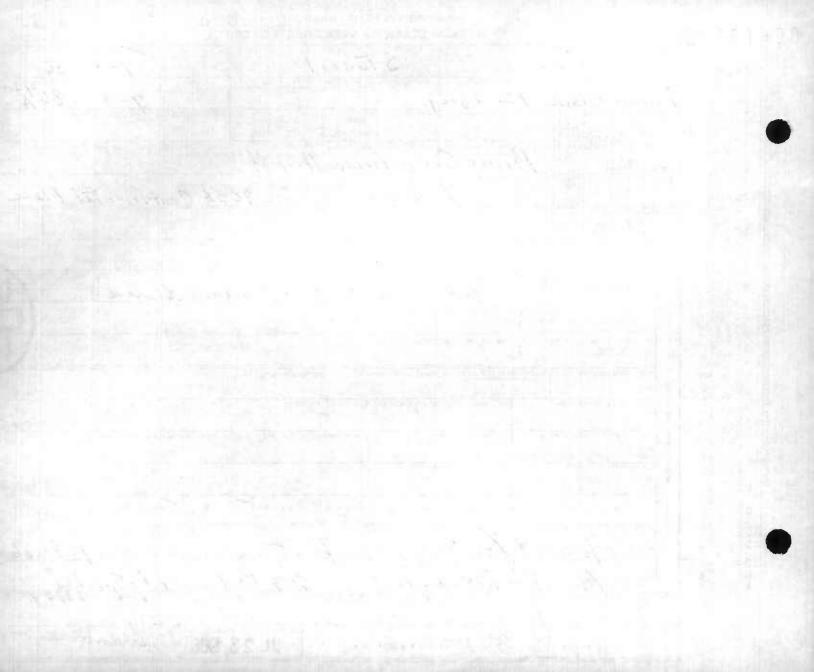
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orth. Pag	76. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED DIVORCED	p.	YRS. CITY OR COUNT FINCE G		
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DIVISION DING PHYS or attendin After this ce as the built oith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e. PLACE (AT HOME, S	OF INJURY IREET, EACTORY, OFFICE F	ARM FIC	21f. LOCATION	۵ (CITY OR TOWN	COUNTY	STATE
TENDI or		220.1 certify that (I) (this ho saw the deceased alive above, (I) (we) (did) (did	on 7/2	. 19 4	\$6 , and	that in (my) (cor) opinion	death accurred a	on the date and had		hat the (we) lost
ned by the hosp ned by the hosp FUNERAL DIREC Juld be detached the State Dept. or		776. SIGNATURE	Mkr	lune	my	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE S	VSB
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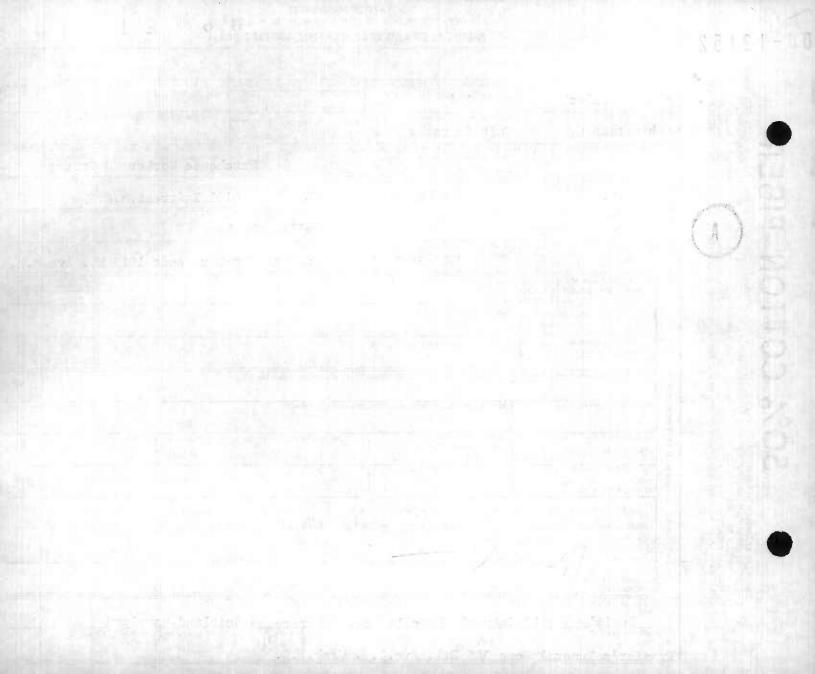
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00-11199	REGISTRAR CERTIFICATE OF DEATH
	T. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
1 11	BABY GIRL STALLING 2-33-86 10 PM
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1/16	F. BLACK & - &3. 86 YRS. MONTHS DAYS HOURS MIN.
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1 15 35	1.G. HOSA UJA WIDOWED DIVORCED DI P.G. MD.
1 11 1./	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT A SUCH EACHLITY, GIVE STREET ADDRESS) 120. LIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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LAND should should	Md. P.G. LANDOVER YES NO 13411 Dodge PARK Rd.
trely 2 sh	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PIRST MIDDLE LAST
E, MARYLA cutthin completely s 1 and 2 sh	Kenneth LeRoy Joiner JR. LISA STAlling
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7 € ₹ # 3 ₹	236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
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DHMH - 16 50M 4/B2	24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	A.M. Doloresco, CEO, P.G. Gen Hospital, Cheverly 02 1988



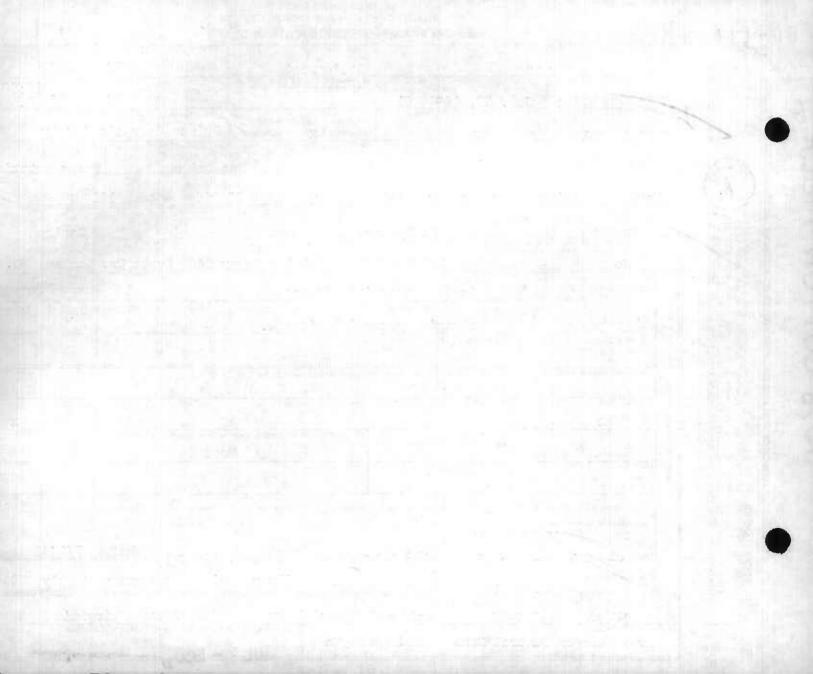
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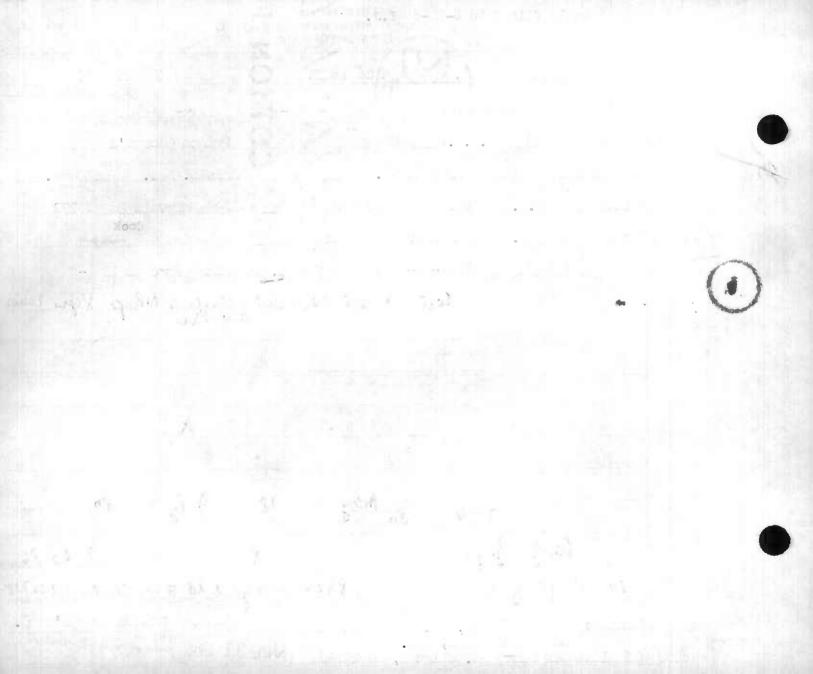
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DEPARTMENT OF HEALTH AND MENTAL HYGISHE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Steinquest Herman 1986 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Jul. 28, 1894 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Prince George's County DIVORCED Joliet, Ill IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Greenbelt 22 Ridge Road, #135 Bus Driver Transportatio 13e STREET ADDRESS BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? Prince George's 22 Ridge Road, #135 14. FATHER'S NAME Steinquest Carlson August Emma 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS 327-09-5170 Shirley Meyer 9400 Eyatt Dr. Lanham, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic myocardial disease. gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 224 I certify that I took charge of the remains described obave, held an and in my opinion death resulted from Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 7/3/86 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMPSER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery County, MD 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Falls Church 7-7-86 National Memorial Park Virginia 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Twes-Pearson Funeral Mome Arlington, Va (VR A15 ME (5))



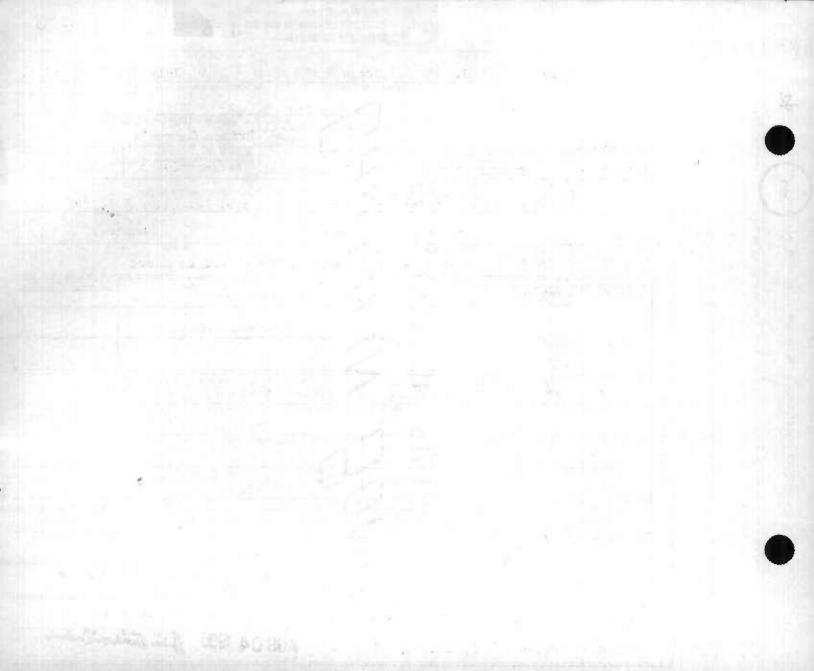
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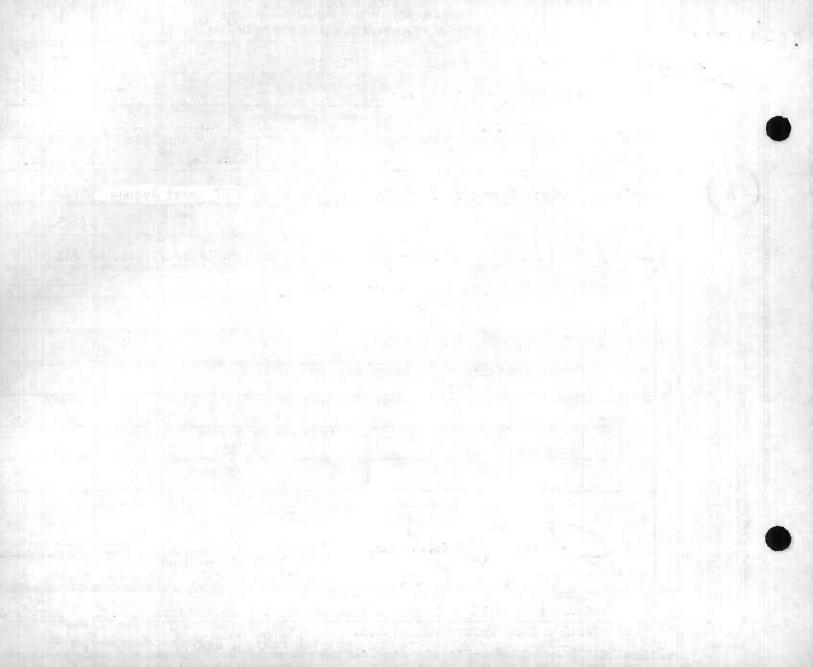
Doraldson Funeral Home, Lattrel, Md

DHMH - 16 60M 7/84

(VRA 15, 4)



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32 S.	-		Char	les	Presto	on	Sı	uit			DEATH MATE		7/30	1986	N
A CHARLES	1.56X		RACE	5 DATE OF BI	RTH DAY YEAR	6 AGE (IN YEA			IF UNDER		RONOUNCED	MO	NTH DAY	YEAR	8:40
* 8388 ×	Ma	le	White	Nov. 18	3, 1919	66 YR			HOURD	PARS .	DEAD		7/30	1986	P. M
S FOR Y		RTHPLACE (STATE	TE OR		F WHAT COUR	VTRY?	8. MARRIE	D NE	VER MARRI	ED X	9. BALTIMORE C	ITY OR CO	DUNTY OF	DEATH	
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0		Cator		MIDDLE	Sı	uit		E	leanor		MIDDLE		S	tepha	n
-	16a. W	AS DECEAȘED	EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFORM	ANT .		ADD	RESS			
	Y	s, no, or unknow es-Navy	(IF YES, GIVE	WAR OR DATES)	579-	-12-777	7	Evely	yn Hui	ffman	(Sister) Sa	me as	#13	
/		18 CAUSE OF	DEATH (Enter or	nly one couse pe	r line for (a). (h), ond (c).)								APPROXIMATI	EINTERVAL
			THIMASCALISE				ial o	diseas	92				BF	TWEEN ONSE	T AND DEATH
rGiENE, D	10.		IMMEDIA			NSEQUENCE C		a I SCU,	JC.	0.77					100
AL HYGI REMOV			, if ony, which										19-14		
58			to immediate toting the <u>under</u>		O, OR AS A COI	NSEQUENCE C)F								
URIAL, CREMATION, C		lying couse	lost.	(6)									Sec. 1		
ATIC		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO D	DEATH BUT NOT REL	ATEO TO THE TERMI	NAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 to 1					
KEVA	Z	93 4			None										
1-7	ATIK	19a. DATE OF C	PERATION	19b. CO		WHICH OPERA	ATION WA	AS PERFOR	MED?				20	AUTOPSY?	2
	CERTIFICATION	None		12 000										YES 🗆	NO X
3	ERT	210. EXTERNAL			AE OF INJURY		21c HO	W INJURY	OCCURRE	D (ENTER N	ATURE OF INJURY IN IT	EM 18 PART 1	OR PART 2)		X,
-	ALC	UNDERLYING	OR G CAUSE OF		P.M.	DAY YEAR				Non	le le				
-	MEDICAL	21d INHIRY OC	CURRED	21e PLA	ACE OF INJURY	(ATHOME.	21f LOC			1101	10.75				
	M	WHILE AT WORK	NOT WHILE	STREET	T, FACTORY, FARM,	ETC.)	ST	REET			CITY OR TOWN		COUNTY		STATE
										7					
		The state of the state of		ge of the remain			Autops	_	Inspection	_	Inquiry	ond in	my opinion		
WAR LOUGH		death resulted	from: Notu	rol couses X	, Accident	Sui	cide 🔲,	Homic		Undete	ermined monner	∐.			
		ACTUAL /	16	20	1-	-	,	,	PECIFY)			-	DATE	7/21/	00
KE,		SIGNATURE	1		19	poeria	/M.	Depi		MEDI	CAL EXAMINER	S	IGNED	7/31/	86
		EXAMINERSIN	AME TO	hn S. Ro	nanc	M D					ary Road		oni C	ount	MD
BALTIMORE, MARYLAN	72 - 01	(TYPE OR PRINT	001			NAME OF CEM					ing. Moi	rcyon	ery c	ouncy	, 190
,	230.Bl	JRIAL, CREMATI	rial	08/04/8		NAME OF CEM				CITYC	DRIOWN		COUNTY		ATE
	24 f 4										eltenhan		P.G.		rylan
))		TEMETECT							AUG				dran-A		
1	4	739 Bal	Limore A	wenue F	yattsv:	IIIe, Mo	a. 20	1/81	1100	_8.	1000	-5 (440)			



00-11406	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	2	1 4 5
m 5		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH N		26 HOUR
nay be page 3		Louis		Sut	ton	July 2, 19		6:00 A
mo frer of	3. SE	X	4 RACE		5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
s o s		Male	Caucasian		Sept. 15, 1902	83	YRS.	
1 20 /1/N	70.0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
11 17 1	Section 1	Arkansas	USA		WIDOWED DIVORCED	Prince Ge		MD.
1 1/	0. €	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,	GIVE STREET AL		12a USUAL OCCUPATIO		OF BUSINESS OR
3 4 au		owie	3901 North			Retired	US	Gov't
1 25	30	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	inty 130 CITY e Georges Bo	ORTOWN		3901 North	ZIP CODE	20716
1 1 1	14 F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N			AST
11/6/		William I				ney J.	Pratt	
# 1 77 1,		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	CIAL SECUR	ITY NO. 17. INFORMANT	ADDRES	S	
W	10	no		-03-74	42A Betty L. St	ratton sa	me as 13e	
N ST., BA. certificat ing physical rebangage ir remayor tic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	SED BY: ATE CAUSE (a)	ate	iral Caus	ies.	BETWEE	XIMATE INTERVAL NONSET AND DEATH
he death of he attendin emove carb mation, or r traumatic	1	Conditions, if any, which	DUE TO, OR AS A C	ONSEQUE	ICE OF			
Se ri ti		gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A C	ONSEQUE	NCE OF			
RDS, 201 equires the signed k Then plea to burial, injury, at a	NO	PART 2. OTHERSIGNIFICANT	/ /	TING TO DI	ATH BUT NOT RELATED TO THE TER	Intare Tid		ension.
The law of	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH (PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
DIVISION OF VIT AL RECORDS, NG PHYSICIAN The law requir After this certificate has been sign As the buriol-transit permit. Then thand Mental Hygiene prior to be orked ar them 18 stows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MC	NIH DA'		IRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
IVISION JG PHYS offendin fer this c is the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		RM, ETC.)	CITY OR TOW	VN COUNTY	STATE
a see earl	1	22a 1 certify that (I) (this has	pital) attended the deceas	ed fram	, 17	6 to 7	12 1986	, that (1) (we) last
R ATTEN hospital RECTOR ned for un	1	saw the deceased a bove, (I) (we) (did to	wew the body after the	19	, and that in (my) (aur) apinio	n death accurred on the do	te and hour and fram th	e couses stated
the operation of the control of the		22b. SIGNATURE	the	1		DIRECTOR PHYSICI		E SIGNED
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT.		Stuart	Turken	of	7500 G-6	cenura y Ce	enter Di,	Treenbel,
O an O de M		BURIAL, CREMATION, REMOVA	23b. DATE	23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		Burial			. Lincoln Cemete:	ry Brentwo	od, Marylar	nd
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	Beal) 18	6000 A	nnapolis Rd. 25a D	ATE REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNA	ATURE
(VRA 15, 4)	B	eall Funeral Ho	ome // Bo	owie,	Maryland	1111 3 - 1986	7th	

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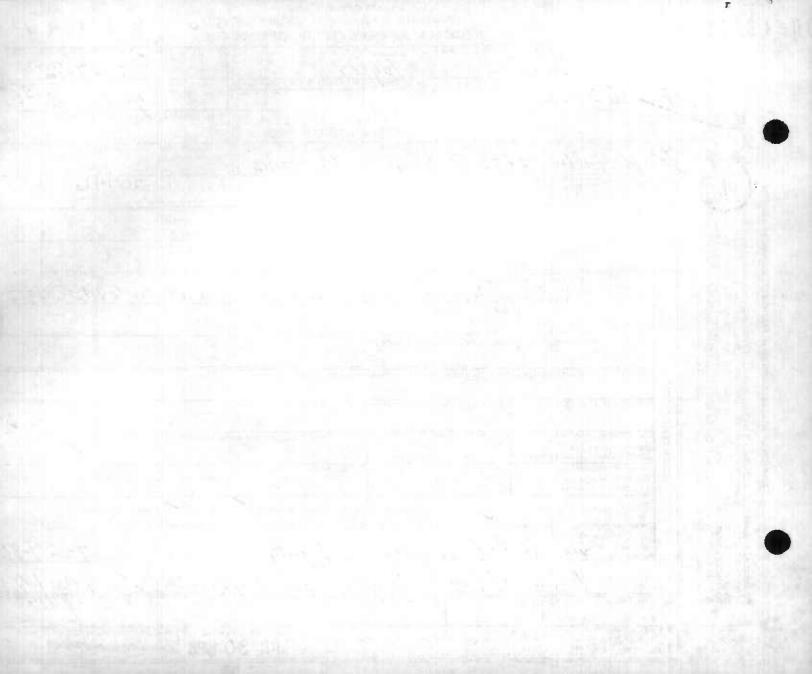
Huriel July 5 1780 Ft. Lincoln Schebery Brentwood, Maryland Landson State 18000 Annapolis Re.

beal Frieral Hone Bowis, Mergland

		1-	FOR STATE		D	EPARTMENT	OF HEALT	MARYLAND H AND MENTAL	HYGIENE 6	2	4 6
00-135	70		REGISTRAR		WED	ICAL EXAM	IINER'S	CERTIFICATE	OF DEATH REG.		
			EASED NAME	FIRST		WIDDLE		LAST	20 DATE KNOWN OF ESTI-	HTHOM X	DAY YEAR 26. HOUR
980	EL ST			James	W	elford	Ţ	Tate Jr.	DEATH MATED		23/19 86 M
20°	OH.	3. SEX	4 RA	CE	S. DATE OF BIRTH	6. AGE	IN YEARS IF UI	NDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH	DAY YEAR 24 HOUR
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24.0	地上	257	COUNTRY)		76 CITIZEN OF WH	AT COUNTRY?	8 MARE	RIED NEVERMAR	RIED 9 BALTIMORE CIT	Y OR COUNTY	OFDEATH
O SAN	39		shington,		USA		WIDON	VED DIVOR	CED D Prince	George'	s County, MD.
空单位	927	D. CI	TY OR TOWN OF D		11 NAME OF HOSE	ITAL, NURSING H		HER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	TYPE OF WORK	26 KIND OF BUSINESS OR INDUSTRY
Page	#2/5		Temple H		Hillcres	t Hghts.	Boy's	Club	Painter		Construction
ANY D AND 3 PETAIN	35	Ho S'		136 COUNT Pr. G	ROTHER INSTITUTION, GIVING PORTE	134 CITY OR TOW Temple I		13d. INSIDE CITY LIMITS? YES A NO	13. SIREEI ADDRESS A	ve. 207	48
SATH. #	160	14 FA	THER'S NAME	W	WIDDIE	Tate, Si	c.	IS MOTHER'S MAID			McPherson
WOR DE	-0 T		AS DECEASED EVE			166 SOCIAL SEC		17. INFORMANT	ADDŖ	ESS	
AFE LE	See /	I YE	no, or unknown)	I IF YES, GIVE	WAR OR DATES)	219-58-9	3659	Lillian N	Madelon Tate	same as	item 13
EXECUTED WITHIN 24 HOUSINGS IN PRESTON ST	A BURIAL -TRANSIT PERMIT PA H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL		Conditions, if gave rise to couse (a) stoti	ony, which immediate ang the under-	E CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	as a consequen	Drug NCE OF	Abuse	ARI 1 (q),		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECO	OF HEATH	FICATION	19a. DATE OF OPE	RATION	19b. CONDIT	ON FOR WHICH C	PERATION V	VAS PERFORMED?			20 AUTOPSY?
2 3 3 5	SES L	CERTIF	210 EXTERNAL CA	11CE TAVA C	21h. TIME OF	15.1.11.115V	101				YES NO
PEST O	SHOULD BE U	44				MONTH DAY	YEAR		ED CENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART	7)
SION SION OF THE STORY	C 285	MEDICA	CONTRIBUTING [CAUSE OF C	DEATH 12noom	7/23/ 19 FINJURY (AT HOA	86 si	bject inge	ested drug		
DIVISION OF HIS CRITICATE WRITING THE W	AGE 3 ATE DE	ME	WHILE AT WORK AT	T WHILE X	STREET EACTO	ORY, FARM, ETC.)		STREET	ES Boys Club,	Temple	
CAL EXAMINEE. 1	VERAL DIRECTOR: P DEATH, WITH THE SI ORE, MARYLAND,	100000	220. I certify the death resulted fro ACTUAL SIGNATURE		e of the remains desc	Accident ,	Suicide	Homicide TITLE (SPECIFY) A.D. Assistar	Undetermined manner		7/24/86
S MED			EXAMINER'S NAM (TYPE OR PRINT)	G.E.E	gory R. K				11 Penn St.		
525	244	15	JRIAL, CREMATION	REMOVAL 2				OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	Y STATE
07/84 BP_		-	Burial		7/26/86	Ft. L	Incoln	Cemetery	Brentwood	C ICYO : DIO	Md.
DHM	NH - 17 5 ME (5))	G.	P. Kalas	6160 0	xon Hill	Rd. Oxon	Hill.	Md. JUI	28 1986 Film	Davidon Davidon	June 10Rt

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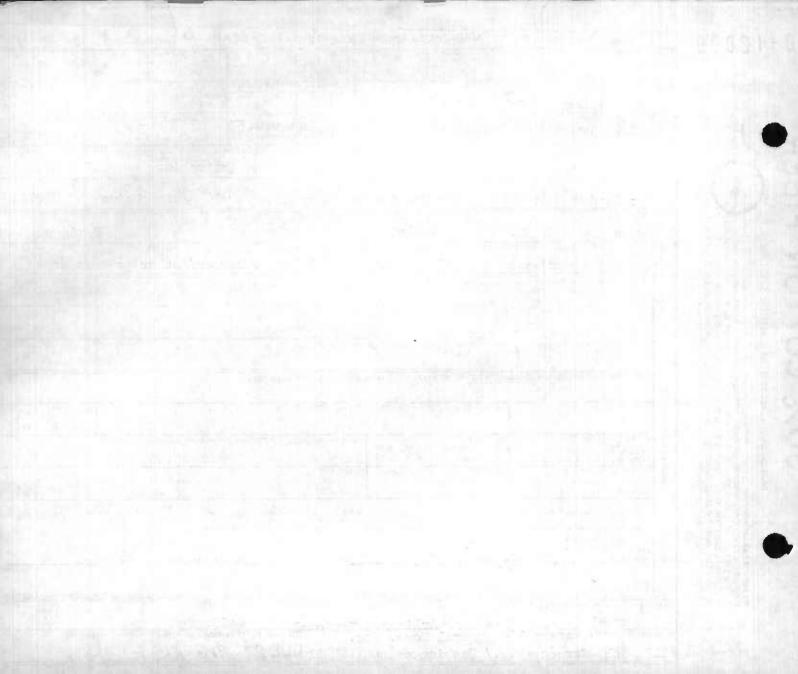
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	, 0000		REGISTRAR		Wi	EDICAL EXAM	INEK'S	LERTIFICATE	OF DEA	TH REG	G. NO.			
			CEASED NAME PE OR PRINT)	FIRST		WIDDLE	7 0	LAST	2	DATE KNOW	N MONT	H DAY	YEAR	26 HOUR
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	ACESE	1.SE	113		DATE OF BIRTH	6. AGE (DER I YR. TIF UND	ER 24 HRS. 2	C. DATE	MONTH	QAY.	YEAR	2d HCHIPM
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	WHITE OF		IY OR TOWN OF D		II. NAME OF HO	SPITAL, NURSING HO		ER INSTITUTION	12a USU	AL OCCUPATION	(TYPE OF WOR	C 13P KINE	OF BUS	INESS
	神秘し	Vei	nou. He	115	2853	GIVE ATRIET ADDRE	chan	12, 20		OST OF WORKING LIFE		ORI	NDUSTRY	Y
	Page -	USU	L RESIDENCE (IF IN I	NURSING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADM	ISSIONI	ca. 10	HO HO	usekeep	per	- 1) (
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1	M FORMS	14. F/	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	MIDDLE		LA		
i		V	Charles		enry	Jackso	n			MIDDLE	- 1			
	TIMOR TER DE FORM SES 1 A ON OF	16a. V	VAS DECEASED EVE	R IN U.S. ARME	ED FORCES?	166 SOCIAL SECU		Sarah 17 INFORMANT		ADD	RESS	unkno	own.	
1	BALTIMORE, S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN WISION OF V	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	040 00								
	T., BALTIMORE, UNS AFTER DEA' UNS AFTER DEA' UNTH FORM P. IT. PAGES I AND UNISION OF V.	=	No				0664	Betty P	. She	pard	sam	e as	13a	-e-
	17. V		PART I DEATH	ATH (Enter anly WAS CAUSED I	ane cause per lin	e far (a), (b), and (c).)	+					BETWE	EN ONSET	NTERVAL AND DEATH
	ESTON ST., IIN 24 HOU! IN ITEM 18. ? ALONG W SIT PERMIT. HYGIENE, D			IMMEDIATE	1 1/	Tempel	whe	: cerep	us - ca	ideal	soul	Nace	411	22
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN A MONTH 26 HOUR (TYPE OR PRINT) July 10 86 Frances R. 9:204 Taylor DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED July 21 1907 emale DEAD Caucasian Th CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED X DIVORCED Prince George's O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11008 Gates Lane OR INDUSTRY Clerk - Ret. Ft. Washington Insurance SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20744 136. COUNTY 13. 11008 Gates Lane T3d. INSIDE CITY LIMITS? Washington Maryland Prince George YES X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Elmer Stella Kefauver J. Schildknecht 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 11008 Gates Lane (YES, NO, OR UNKNOWN) 577-10-9849 Raymond L. Taylor No Ft. Washington, Md. 18 CAUSE OF DEATH (Enter only one cause per ly auxilerotee Cardio Moules Lines PART I DEATH WAS CAUSED BY Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. FICATE, WRITING THE WORD "FENDING"
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AND, 21201 PRIOR TO BURIAL, CREMATE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALT[MORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Natural causes Suicide Hamicide Undetermined monner MEDICAL EXAMINER FXAMINER'S NAME A. P. Rodriguez. M.D. 5009 Rayburn Ct. Camp Springs 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Ft. Lincoln Cemetery Brentwood P.G. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6160 Oxon Hill Rd. rine Daydoon Mandales **DHMH - 17** George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20 DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED KEITH TAYLOR 4 RACE 5 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 10;20 A M 21 4 1965 Black July DEAD Male BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland DIVORCED Prince George's County WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS Active duty US Army Fort Washington Indian Head Hwy. & Old Fort Rd 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1814 Dania Drive 20744 Ft Washington PG Maryland YESXX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Spriggs Shirley Taylor E. James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 216-94-2339 Shirley D. Taylor/mother same address yes present 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY-JAMMEDIATE CAUSE (6) Thoraco-abdominal compression injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF M TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPAGIMENT OF HEA BALTIMORE, MARTHAND, 37201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 8:15xx 7-14-Driver of auto/truck collision. 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, FTC 1 STATE WHILE AT WORK Indian Head Hwy. &, Ft. Washington, road MD 22a. I certify that I took charge of the remains described above, held on Inspection death resulted from: A Notural couses Accident Homicide Undetermined monner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER SIGNATURE 7 - 15 - 86EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Arlington 7-18-86 VΑ Arlington National 07/B4 25M 24 FUNERAL DIRECTOR Marshall's Funeral Home, Inc. 73g, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Street, N.W./ Washington, DC 20011 (VR A15 ME (5)) 9th



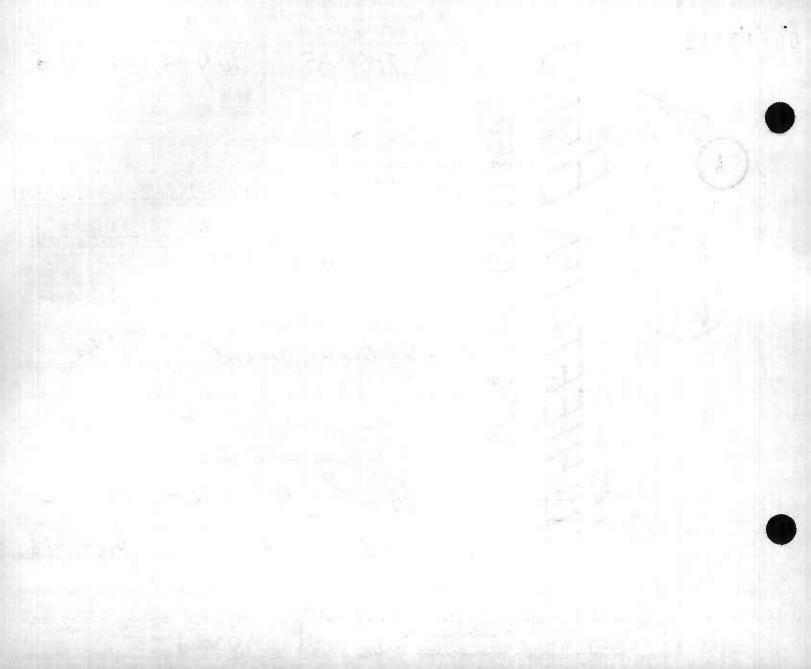
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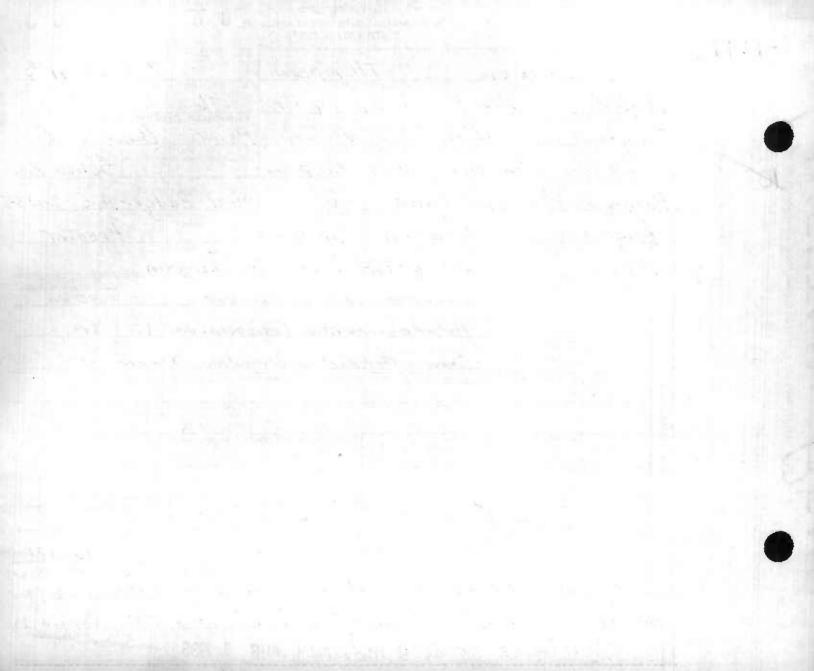
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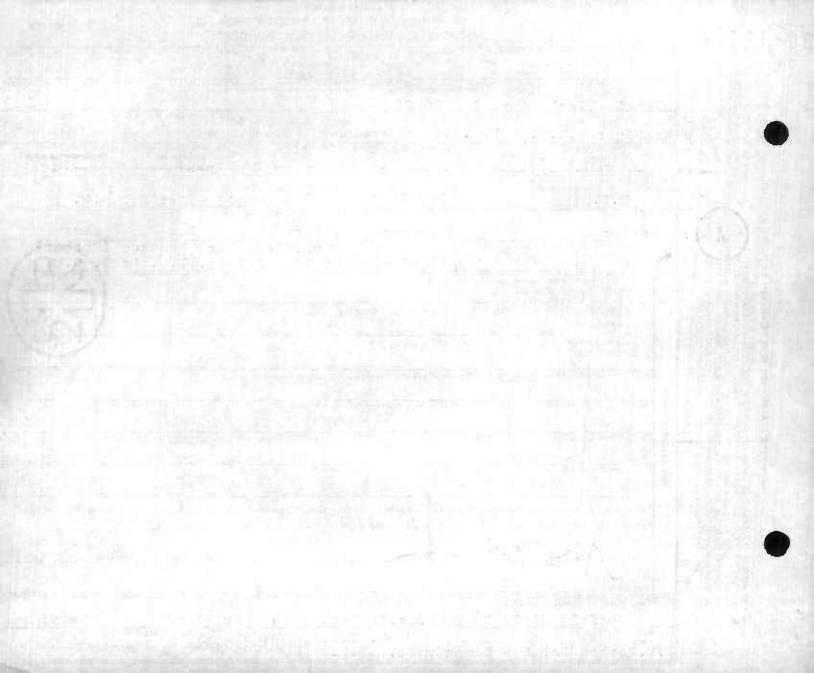
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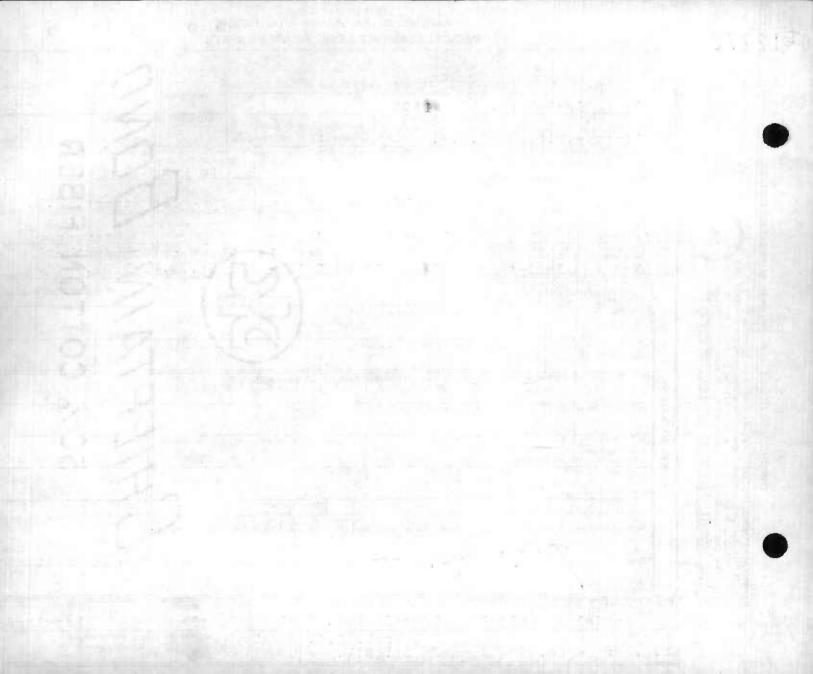
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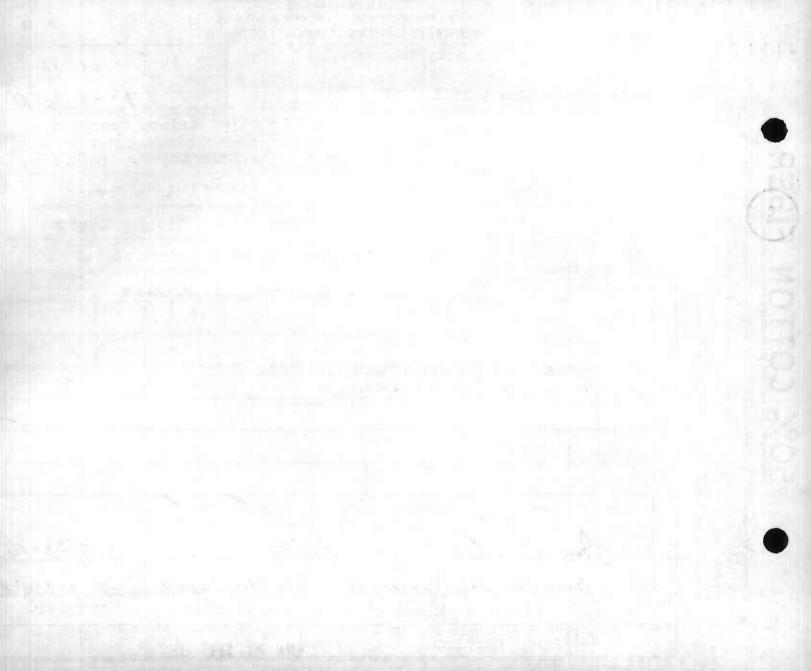
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		S NECESSARY, PLEASE EFUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS WERSTON STREET,	/ Wa	ashington, D.C.	U.S.	Α.	WIDOW	ED DIVORO	ED Prince	George	's County	7 MD
		THE FU THE FU AGE 5		CITY OR TOWN OF DEATH		TAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a USUAL OCCUPAT	ION (TYPE OF WOR		
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	g	= 000 m	C 114, F	ATHER'S NAME			-	15. MOTHER'S MAID				
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	S. C.	BUS TO		Arthur		Thompson		Rose	Lee			
	¥	Z S S S		WAS DECEASED EVER IN U.S. ARM YES, NO, OR UNKNOWN)		166. SOCIAL SECURIT		Mrs Ros	se Lee Tho	mpson	(Mother)
	BALTIMORE, MD. 21201	S AFI	5	No		579-38-1	1892	2015 - 3	lst St., N.	W. Was	sh. D.C.	
				18 CAUSE OF DEATH (Enter onle	one couse per line	for (a) (b) and (c))					APPROXIMAT	E INTÉRVAL
	201 W. PRESTON ST.,	CUTED WITHIN 24 HOUF "IN PENCIL IN ITEM 18. "EXAMINER ALONG WANTED REMAI - TRANSIT PERMIT. ND MENTAL HYGIENE, B ION, OR REMOVAL.		DADT I DEATH WAS CALICED	OV		ion				BETWEEN ONSE	T AND DEATH
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	N N	SED TO SEPA	8	21d. INJURY OCCURRED WHILE IN NOT WHILE IN		OF INJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
	ō	WARD WARD PAGE TATE	12	AT WORK AT WORK	a.	arage	350	5 43rd St.	, Hyattsvil		nce Georg	
		NER: THIS CERTIFICATION IN THE FORWARDED TO TOOR: PAGE 3 SHOULTHE STATE DEPARTMAND, 21201 PRIOR TO	2					[77]				
		A E S E E	/	22s I certify that I took charge		6.00	Autop	sy X, Inspection	on L. Inquiry L	, ond in my	opinion	MD
		MER PE	0	death resulted from: Noture	ol couses .	Accident X , Su	icide 🔲	, Homicide	Undetermined monne	er .		
		AR WHE		-	7			TITLE (SPECIFY)				
		A. H.		ACTUAL SIGNATURE	1	_	M	n Assistan	t MEDICAL EXAMINE	DAT	E 6-25-	86
		SESENTE SE	9 .	SIGNATURE	0				MEDICAL EXAMINE	IK SIG	NED O CO	00
		S C C	4	EXAMINER'S NAME Ann	M. Dixon,	M.D.		111	Penn St., B	alto. I	VID 21201	
		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. TO FUNERAL DIRECTOR: P. TO FUNERAL DIRECTOR: P. AFTER DEATH, WALH THE ST BAHTMORE, MARYDAND, 2		(TIPE OK PRIMI)				ADDRESS.				
1.1	20	FOOT A B	23a.	BURIAL, CREMATION, REMOVAL 2:	b. DATE	23c NAME OF CEA	METERY C	R CREMATORY	23d LOCATION CITY OR TOWN	C	DUNTY SI	TATE
(/6)	1.84	BP (1)		Burial J	uly 2 '8	36 Lincol	n Me	m. Park	Suitlan	d	Maryl	land
7 15	5M	1 / /	24	FUNERAL DIRECTOR		Wash		INC. DATE	REC'D BY REGISTRAR	Sh, REGISTRAR		
		DHMH 17 (VR A1S ME (S))	D	N Horton Co	ADDRESS				L 0 8 1986		ideon. Randal	.de
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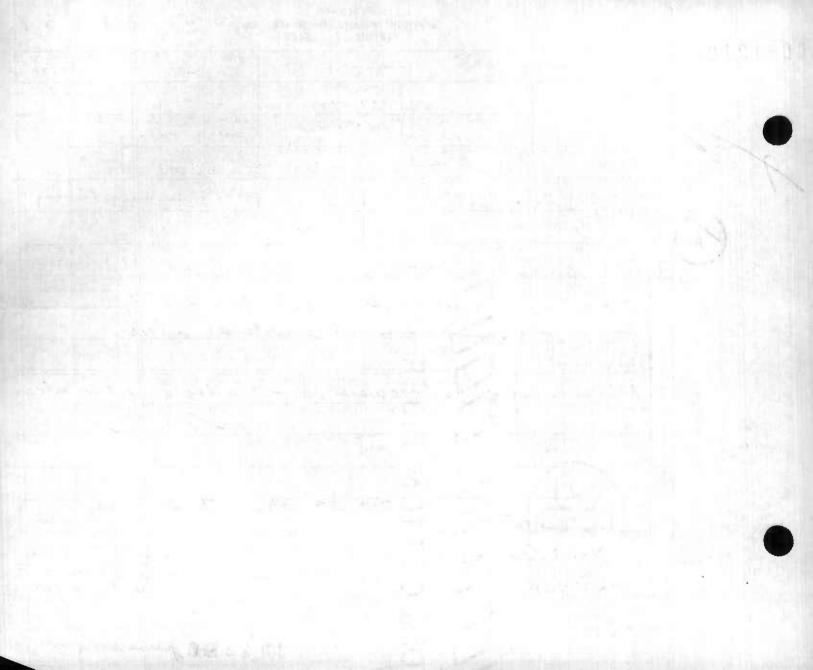
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED RICHARD THOMPSON 24 1986 Lee 4 RACE AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR C DATE LAST BIRTHDAY PRONOUNCED 161 Black 24 25 DEAD Male Mar. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED X DIVORCED Washington, D.C Prince George's County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Hyattsville Student garage-3505 43rd St. 3a. STATE COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 2015 - 1st Street, N.W D.C. Washington YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Richard Stevenson Lee Thompson Audrey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Rose Lee Thompson (Grandmother) (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2015 - 1st St., N.W. Wash. D.C. 1983-84 578-90-1500 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke inhalation IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🜄 NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XM MONTH DAY YEAR UNDERLYING A OR Subject making fireworks when fire broke out CONTRIBUTING CAUSE OF DEATH 8: 26 P.M. 6-24-TIE PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3505 43rd St., Hyattsville, Prince George's garage OF UNERAL DIRECTOR: P FIER DEATH, WHEN THE ST FIER DEATH, WHEN THE ST MD Autopsy X 220 I certify that I took charge at the remains described above, held an Inquiry and in my apinian Accident X death resulted from: Hamicide Notural causes Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED 6-25-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY July 2'86 Lincoln Mem. Park Suitland Burial Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wash. D.C. in Dendern Kindal R.N. Horton Co. 600 Kennedy St., N.W. (VR A15 ME (5))

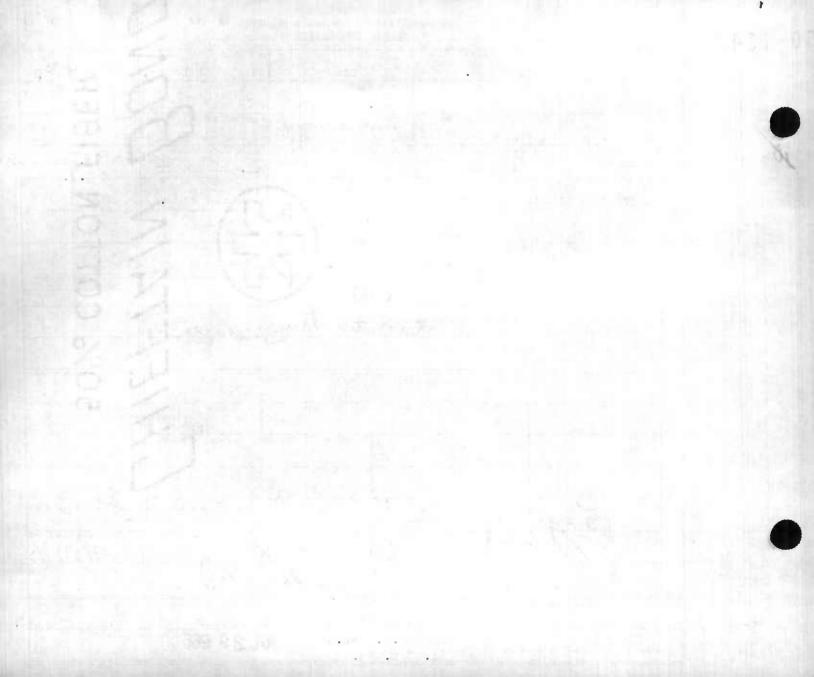


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN Ruth Henrietta Thompson (TYPE OR PRINT) 19 86 23 DEATH MATED SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE Female White Jan 9 1911 PRONOUNCED DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's Washington DC U.S.A. WIDOWED X DIVORCED OF CITY OR TOWN OF DEATH 20. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Dept Army Adm Super. Suitland Temple Hills 13d INSIDE CITY LIMITS? 13. 6009 Walnut Street Maryland I. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cora William Goddard Sutton WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO OR UNKNOWN) 578 26 6748 Joan Kinsella Same as #13 18 CAUSE OF DEATH (Enter only one cause per ine for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Tempoles ofce audiovoscula disease MAMEDIATE CAUSE of DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL TWENT OF YES 🗌 NO M 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME, 71d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22e I certify that I took charge of the remains described above, held an and in my opinion Accident death resulted from: Natural couses Suicide Hamicide L Undetermined manner MEDICAL EXAMINER Maryland Cedar Hill Cemetery Switland Burial 26July86 07/84 BP 24 FUNERAL DIRECROBERT 25M Wilhelm Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Maryland (VR A15 ME (5))



12105	1 -	FOR STATE REGISTRAR		DEPARTM	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	RI	6 2 EG. NO.	2 1 1	5 7
- J U 5		CEASED NAME FIRST OR PRINT) EDD		MIDDLE T	IMMON:		20. 丁州 巨安DE (DAY YEAR	26 HOUR a 4:30 M
ge 4 moy	3 SE	Male	4 RACE Black	k	MONTH	BIRT 26, 1890 26/90	6. AGE (IN YEARS)	AST BIRTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
1170		RTHPLACE (STATE OR FOREIGN COUNTRY) rth Carolina		what country?	8 MARRIED	NEVER MARRIED	9 BALTIMORE	TY OR COUNT		
9 82	10 C	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL NURSIN	G HOME OR	Hospital C	12a USUAL OCC	IPATION	12h KIND O	F BUSINESS OR
filled	USU, 13g S Ma	AL RESIDENCE (IF NURSING HOME COL TATE Tryland 136 COL	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDECITY LIMITS? YES ** NO []	13e STREET ADDI			Clerk (772)
ted & the		THER'S NAME FIRST Edmond	WIDDLE	Timmor	ıs	Eliza	MIC	(unk	nown)	
be execu	12	VAS DECEASED EVER IN U.S. A SES NO OR UNKNOWN; 1918 S S/Army 1918	RMED FORCES?	220-44-0		17 INFORMANI9353 Fannie Law:			fe)Mar	
NG PHYSICIAN: The low requires that the death certiful ottending physicion. Iter this certificate has been signed by the ottending phose the buriol-strongs permit. Then please remove corbonic the and Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other troumatic even	NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OF DUE TO, OF DUE TO, OF	R AS A CONSEQUE	NCE OF	ot related to the term	_ · /	ulcer CONDITION GIV	ZEN IN PART 110	ulser
The low re-	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH		WAS PERFORMED	200 AUTOPSY YES NO	IN CERTII	S, WERE FINDIN	IGS USED OF DEATH?
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ENDING P tol or otter OR After th rruse os the Health and	W	WHILE NOT WHILE AT WORK 270 1 certify that (I) (this haspens on the deceased alive of	oitol) ottended the		7.6	that in (my) (our) opinion		OR TOWN		that (I) (we) lost
ITAL OR ATT by the hosping AL DIRECT eletoched for stote Dept. of them 2		sow the deceosed olive o obove, (I) (we) (did) (did n 22b SIGNATURE Mridu 22d PHYSICIAN'S NAME (TYPE	Qa S	ofter death.	M ,	D ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	220. DATE 7.	
O HOSPITAL etoired by th TO FUNERAL should be det with the Stole MAPORTANT.	3	MRIDULI	A 5/1		1.D.	27e ADDRESS Sout			inton,	A. Center Md. 2073.
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DHMH - 16 50M 1/B1 (VRA 15, 4)		neral director LATN I 31 Georgia <i>A</i>					L 22 198	TRAR 256 REGIST	RAR'S SIGNAT	URE





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. 0 . 0		OR PRINT)	WIDDIE	TURNER	20. DATE OF DEATH	07 23 86 8 20PM
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ofter p	3. SE	Male	Black	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
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1 15/1	(enn.	USA	MARRIEDXX NEVER MARRIED WIDOWED DIVORCED		ORGE'S COUNTY
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	13a S	aryland PG		13d. INSIDE CITY LIMITS?		fan Drive
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es that the death certified by the attending places remove corbons urial, cremation, or remote, or other traumatic eve		Conditions, if any, which gove rise to immediate couse (a1, stating the underlying couse lost.	DUE TO, OR AS A SONSEOU	701		
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he low r on. t permit ene prio	CERTIFICATION	190 DATE OF OPERATION NONE	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES TO NO DE	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ther this certificate has been signs of the burtol-tronsit permit. Then the and Mental Hygiene prior to be the and Mental Hygiene prior to be orked or them 18 shows ony injury		? a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR PART 2)
VG PHYS ortendin ter this c sthe bur h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE F	ARM ETC) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
ENDIN tol or DR: Af			oital) attended the deceased from_		death accurred on the de	, 19, that (I) (we) lost ate and hour and from the causes stated
R ATT hospir RECT red for ipt. of iem 2:		Obove (1) (we) (did) (did no	ot view the body after death	DEGREE	deom occurred on the do	22c. DATE SIGNED
RAL DI detocl one De Di		Menelo	4	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 7/24/86.
O HOSPITA TO FUNERA should be di with the Sto		22d. PHYSICIAN'S NAME (TYPE CADLE)		2D. 9500 Ann	iples Rd	Sute A 2 Lasha Joto
BP	23a. E	URIAL, CREMATIO	0	NAME OF CEMETERY OR CREMATORY 86 Cheltenham	Veterans (Cheltenham, STATE Va.
DHMH - 16 60M 7/84 (VRA 15 4)		Stewart/Fune	ral Home-4001	Benning Road	E REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNATURE

		FOR STATE			EPARTMENT OF H		ND MENTAL H		2 1	1 6	0
0-12469		REGISTRAR CEASED NAME	72913	WEL	MIDDLE	ER'S CER	RTIFICATEO		REG. NO.		3
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MECO BE CALL	CERTIFICATION	190, DATE OF OPER	ATION		ION FOR WHICH OPER	ATION WAS	PERFORMED?			20 AUTOPSY?	
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DIVISION WRITING WRITING ARDED 1 AND 35H ARDED 1201 PROCESS TO	MEDICAL	21d INJURY OCCUP	PRED	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCAT STREET		CITY OR TOW	N CO	UNTY	STATE
TO MEDICAL EXAMINER: TO XXECUTE THE CERTIFICATE, TO CO FUNERAL DIRECTOR; TO FUNERAL DIRECTOR; TO FUNERAL DIRECTOR; TO ALTIMORE, MARYLAND; 2.	72a B	100	Haak charge of the me. Natural case John	S. Roge	Accident Sui		JKE 55	Undetermined man MEDICAL EXAMI Seminary To 1234 LOCATION	DATE, SIGN	traly?	1986
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	noy be		CEASED NAME OR PRINT)	LEONAF	RD	J.	VALK	SOS	Sr.	20. DATE C	FDEATH	07	03	86	3 45PM
	moy pod	3. SE	K		4 RACE		5. DATE C		VEAD	6. AGE (IN	YEARS LAST B	IRTHDAY)	IF UNI	DER TYEAR	IF UNDER 24 HRS HOURS MIN.
1111	00		Male		Whi	te	Nov	. 23,	1929		56	YRS	5.		
	nerol director of 22 hours		RTHPLACE (STATE (COUNTRY) Ennsylva		76. CITIZEN O	· A .	Y? 8. MARRIEI WIDOWE		R MARRIED DIVORCED	9. BALTIM PRI	ORE CITY NCE (OR COUN EORGI	ES	COUNT	Y MD.
ī Q	by the fu	Ch	TY OR TOWN OF D		PRINCE	F HOSPITAL, NUR UCH FACILITY, GIVE STR GEORGE	S GENER			(TYPE OF WO	OCCUPA ORK FOR MOST Mana	OF WORKING	G LIFE) IN	IDUSTRY	Laurel Body
MARYLAND 212DI	filled in	130. 1	AL RESIDENCE (IF N STATE Md.	13b COUN	OTHER INSTITUTIONTY	13t. CITY OR TO Landov	NWO	YES 🔀	CITY LIMITS?	13. STREET 8803			Arc	07 wic	85 k Rd.
RYL	1 11/1	14. E/	ATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME	MIDDLE			ŁAS'	
W. O	/ Not	1	Willian		P.	Valk			ry		ADDI		Luka		
BALTIMORE, N	(1)	1	VAS DECEASED EV VES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES: (E WAR OR DATES) Cean		-3303	Lorr	aine A					ver	wick Rd Md. Mate interval INSET AND DEATH
ORDS, 201 W. PRESTON ST	equires that the death sent as signed by the attending. Then please remove carbo reto burial, cremation, at the injury, or other troumants.	NOI	Conditions, if o gove rise to i couse (a), sto underlying cou PART 2 OTHER SI	ony, which immediate ating the use last.	((c)_	OR AS A CONSEC		NOT RELAT	Cayle ED TO THE TERM	AINAL DISEA	Afril	NDITION O	GIVEN IN	Se I PART I I C	
REC	on. hos beer t permit. ene prior	CERTIFICATION	19a DATE OF OPE	RATION	19b CON	DITION FOR WHI	CH OPERATIO	N WAS PER	FORMED	200 AUT	NO D	200 IF	YES, WEI RTIFYING YES []	RE FINDIN CAUSES	OF DEATH?
>	ding physicic ding physicic is certificate burial-fronsit Mental Hygin		210. ACCIDENT WAS ON CONTRIBUTING [CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW	INJURY OCCUR	RED (ENTERN	NATURE OF IN	JURY IN ITEM	18 PART I C	OR PART 2)	
DIVISION OF	G PHYSI orthis cer this ce s the burn ond Mer	MEDICAL	21d. INJURY OCCI	URRED		E OF INJURY STREET, FACTORY, OFFIC	E, FARM, ETC)	21f LOCA STR	TION	,	CITY OR I	IOWN /	à	OUNIY	STATE
	TO HOSPITAL OR ATTENDIN retained by the hospital or or TO FUNERAL DIRECTOR Aft should be detached for use or with the State Dept. of Health IMPORTANT: If Hem 21 is more		27s.1 certify 156 Gross 755 27s. SIGN LAN 27s. Physicians	III mis hosp and Tolor Ulta NAME (1991)	and attended	FOSE	or V	7/10 110 110	ATTENDING PHYSICIAN [death occurs	ST	AFF		from the c	5/86
	TO HOSI	23e	BURIAL, CREMATIO	N REMOVAL	23b. DATE	23	NAME OF C	EMETERY	R CREMATORY	123d. LOC	CATION				
	BP		(SPECIFY) Burial	, ne. no t At		1986			n Cem.	CII	TY OR TOWN		cou		STATE
	DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR	lon/Ha	le La	nham Æu	neral	Home	250 DA1	E REC'D. BY	REGISTRA 1986	R 25b REG	ISTD A D'S	SIGNATI	URE JOING STORE
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0-116.05	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 2	1 1	6 2
		CEASED NAME FIRST	WIDDLE	LAST			26. HOUR
(B)	_	FEL		VAN SCYOC SR		2/86	8:30 Aam
7-1	3 SE	Male	Caucasian	Feb 26, 1924	6 AGE (IN YEARS LAST BIRTHDAY) 62 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
nerol di	70 B	RTHPLACE ISTATE ORFOREIGN COUNTRY INDICATE OF THE ORFOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	PRINCE GEORGE		ITY MD.
oll softer of so		INTON		NG HOME OR OTHER INSTITUTION JADDRESS HOSPITAL	170 USUAL OCCUPATION Type of work for most of working Life 110 To 110	12b. KIND OF	BUSINESS OR
TLAND 212	13a.	ATHER'S NAME	rles Indian	HEBO YES NO X		/ 206	40
MAR windlet	1		B VanScyoc LAST	Philome	na E. Sch	afer LAST	
BALTIMORE, cote be execut copers. Pages 1 vol.	160 \	YES NO OR UNKNOWN) IF YES, GIV	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 235-24	Lace Jestes I	VanScyoc -sa	me aa i	#13-
d ST., rentific r remo		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line (or (o), (b), o D BY: E CAUSE (o)	Bayer OBSTRUCK	Pod	APPROXIM BETWEEN O	MATE INTERVAL MSET AND DEATH
that the death by the ottending cose remove cot of, cremation, or other froumat		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS CONSEQUENCE (c)	JENCE OF CHECKEN ATONS	METASTASES.		
RDS, 201 equires the signed to the pleo	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110	
NG PHYSICIAN: The low required physicion. Offerchis certificate has been sign on the burial-tronsit permit. Then hond Mentol Hygiene prior to borked or Hem 18 strows ony injury.	CERTIFICATION	190 DATE OF OPERATION	SMAL &	OPERATION WAS PERFORMED BULL OBSTUGION	YES NO YE	S, WERE FINDING YING CAUSES (S	GS USED OF DEATH? NO
V OF VIT		TA SILVES WOLLAN WEDGE STANDERS	HOUR A.M. MONTH	DAY YEAR	ED (some record or record recrew in t	HATT OF PARTS	
MVISION C of PHYSIC offending ther this cer st the burio h and Meni	MEDICAL	ANNOT THE TOTAL TOTAL	PLACE OF INJURY (A) HOME, STREET, FACTORY, CARGO	THE LOCATION	CITH OIL TOWN	COUNTY	STATE
ATTENDIN sspital or ICTOR: Af af for use of Health		saw the decreased alive on	tol) ottended he deceased from	, and that (n (pay) (our) apinion (death occurred on the date and hou	ond from the c	ouses stated
Al OR the hor the hor the hor the Ceroched of the DIRE		226. SIGNATURE	Gertele	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/3	
TO HOSPIT. TO FUNER, should be d with the Sto		T. BERTELE,	•	120. ADDRESS KOI SVI	eletros RD. Ces	NTON /	520735
PP	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY eterans Cemetery	Cheltenham,	Pr. Ge	o.,Mä.
DHMH - 16 60M 7/84	1	UNERAL DIRECTOR	P. D. ADDRESS	Box 156 250 DATI	REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATU	RE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR IN DATE OF DEATH MONTH DECEASED NAME LTYPE COLDENS William. HEnry VINCENT. 7:26 1986 July 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Prince George's 17h KIND OF BUSINESS OR Ret. Supvisor Printing 13e STREET ADDRESS / ZIP CODE 6700 Belcrest Road. MIDDLE Moore ADDRESS (Same as #13 above Mrs. Elizabeth F. Vincent APPROXIMATE INTERVAL Two days Unknown PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Atrial fibrillation 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES \ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE July 19...86 _19___86__, and that in (my) (our) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 5 July 1986 4404 Queensbury Rd., Riverdale, MD 20737 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial Brentwood, 7/8/86 Ft. Lincoln Carroll St. NW. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 wie Davidson Revolute Home-Washington. (VRA 15, 4)

The state of the s A CONTRACTOR OF THE PARTY OF TH

0-11405	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	SIENE 8 6	2	164
71703		CEASED NAME FIRST		IDDLE		AST	20. DATE OF DEATH		2b. HOUR
oge 3		WALTE	R LAWRENC	CE WAI	KER		July 1, 19	186	6:26p M
E d i	3. SE	K	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YE	AR IF UNDER 24 HRS
ge 4	1	Male	Caucasi	an	Marc	h 7, 1916	70	YRS.	
eath. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF V	VHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Prince (COUNTY OF DEATH George's Co	
ofter d	10. CI	ty or town of death Lanham	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	Pr. Geo. Co.	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Retired	WORKING LIFE) INDUSTE	OF BUSINESS OR RY Arming
ARY KANDOLD	13a S Ma:	THER'S NAME FIRST	e George	13c. CITY OR TOW B Bowie	N	13d. INSIDE CITY LIMITS? YES NO NO NO NOTHER'S MAIDEN NA FIRST	13e.STREET ADDRESS /		20716 LAST
omploon of		John		lker		Ros		Smith	1
IIMORE		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	579-12-6		Ruth N. Walk	addres	same as 13	}e
PRESTON ST., BAL he death certificate emove carban paper matian, ar removal. r traumatic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which	nly ane cause per l ED 8Y: TE CAUSE (a) DUE TO, OR	Kespu	afor	y failur	f lung	APPR BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
es that the med by the please runial, are other.	7	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SUNIFICANT.	DUE TO, OR	AS LONSEOU NTHBUT NG D	Vag.	NOT REPATED TO THE TERA		ITION GIVEN IN PART	lio
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or tem 18 shows any injury	CERTIFICATION	19a, DATE OF OPERATION	194 CONDIT	XON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH? NO
ON OF VITAL RI		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)
OIVISION Offer this offer this os the but the ond Me or the but the orked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
R ATTENDIA or hospital or RECTOR. A red for use pp. of Health em 21 is may		224.1 certify that the finis hasp saw the deceased alive or about 1) (with 6 did) (did no	7/1	deceased from19		nd that in (my) (corr) apinion	death occurred in the date	e and hour and from t	the couses stated
0 = 0 50 =		22E SIGNATURE	CH	JE	_ M		DIRECTOR PHYSICIA	7	18/2/86
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: H		ROBERTO A	Dere	RIS		14300 9A	LANTFOXL	A BOWIE	Ms 2071
	23a 8	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	July 5			ction Cemeter	y Clinton,	Maryland	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME Call Funeral Ho	Beal	16000 Bowie	The second second	POTTS IM .	11 3 - 1986	SIGN REGISTRAR'S SIGN	IATURE

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	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	rgiene 8 6	21165
0-13 54		REGISTRAR		CERTIFICATE OF DEATH	REG. N	
oge 3		CEASED NAME FIRST HELET	(NMI)	Wallace	July 1	7. 1986 2:15 A.
mo)	3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEN)S LAST BIR	THORY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4		Female	Caucasian	April 1, 1919	67	YRS.
0 185		RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XX DIVORCED	Prince C	R COUNTY OF DEATH
6 100		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 3504 Moylan Dr.	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST OF Homemaker	ON 126, KIND OF BUSINESS OR
11AND 212	13a Ma	STATE 13b COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	130 STREET ADDRESS A	zip code an Drive 20715
1 1/6/		Charles	Worthing	FIRST	MIDDLE	Holmes
S S S S S S S S S S	160	WAS DECEASED EVER IN U.S. AF			ADDRE	
BALTIMORE, cote be executed by sicion and copers. Pages wol.		YES, NO OR UNKNOWN) (IF YES, GI	202-18-6	6938 Patsy P. Co	nnersmith	same as 13e
icords, 201 W. PRESTON ST. In requires that the death certification in the please remove carbon prior to burial, cremation, or remaining, or other traumatic ew	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT			RMINAL DISEASE OR CON	DITION GIVEN IN PART ITO
LRE los	1 8				YES NOX	IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offending physician. After this certificate has been sig as the burnof-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	MEDICAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M. MONTH D	19 211 LOCATION	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
ITAL OR ATTENDI by the hospital or ERAL DIRECTOR. a of attached for use State Dept. at Heal		27a. I certify that (I) (this hosp saw the deceased alive or obove, (I) (we) (did) (did no 27b. SIGNATUR.	or privile DR PRINT	DEGREE ATTENDING PHYSICIAN	MEDICAL STAL DIRECTOR PHYSIC	IAN TITES
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TO HOSP reformed TO FUNE should be with the	0.	Jether	S Weber	Bldg	- 01	thesta MD 20892
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	July 19 1986 8	Name of CEMETERY OR CREMATOR Sunset Memorial Pa	rk Beckley,	Raleigh, West Virgi
DHMH - 16 60M 7/84 (VRA 15. 4)		UNERAL DIRECTOR	Ser 160	000 Annapolis 250 D	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

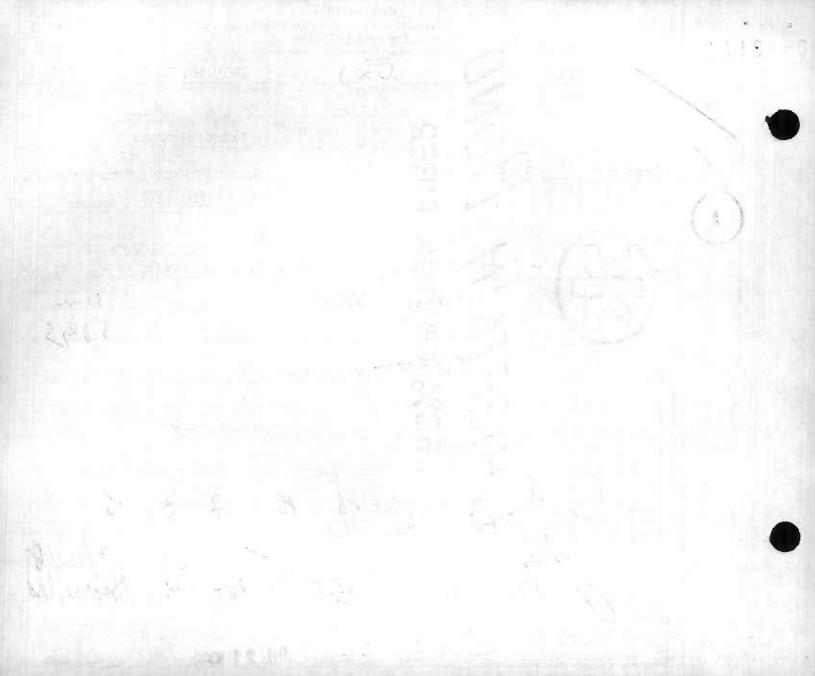
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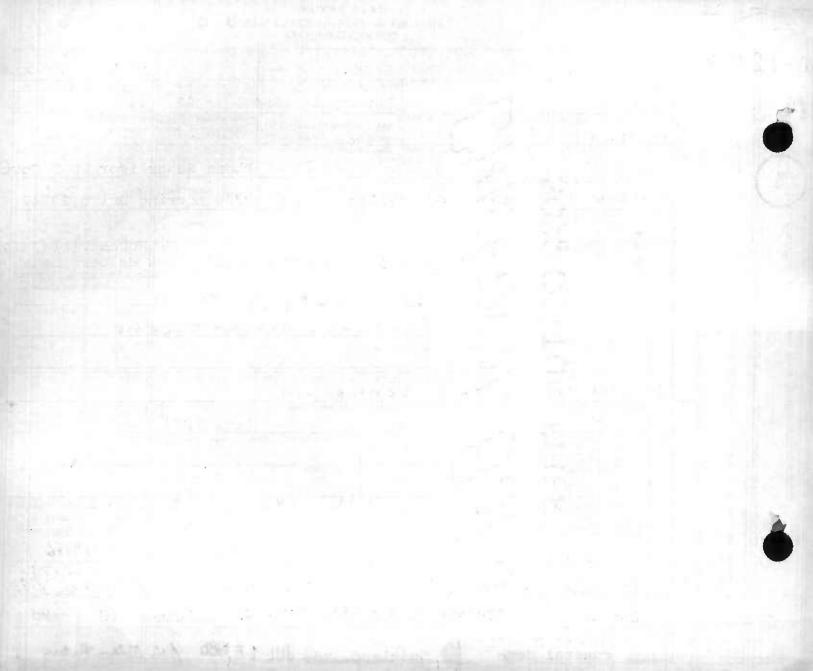
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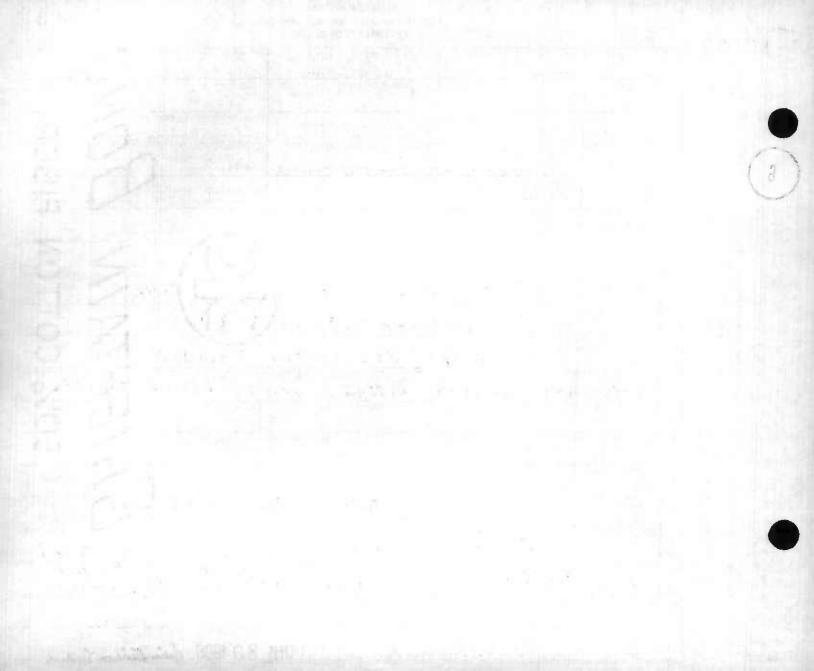
		STATE REGISTRAR			CERTIFICATE		REG. NO		
2.5		CE ASED NAME	FIRST	WIDDLE	144.		20 DATE OF DEATH		26 HOUR
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4 11	1		4 RACE		5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	
1 6	Ma		Cauca		12-27-18	395	90	YRS	
101	7e 81	RTHPLACE ENTER OR FO		OF WHAT COUNTRY?	MARRIED NE	EVER MARRIED	9 BALTIMORE CITY OR		
		st Virginia			WIDOWED	DIVORCED [Prince Ge		
1/2	R	TY OR TOWN OF DEAT	Lelan	of Hospital, Nursing Such Facility, Give Street de Memorial	ADDRESS) Hospital		120 USUAL OCCUPATION OF Security G	WORKING LIFE) INDUSTR	OF BUSINESS
/X	13a S		G HOME OR OTHER INSTITUTE 36 COUNTY Prince Geo.	13c CITY OR TOW	N 13d. INS	IDE CITY LIMITS?	13e.STREET ADDRESS / 6909 Rhode	ZIP CODE Island Ave	enue 2
A/)	127	THER'S NAME	MIDDLE	LAST	15 MO	THER'S MAIDEN N	AME		AST
W	Ri	chard	Brooks	Ward		Katheri	ne	Metca	
1 1		VAS DECEASED EVER IN				DRMANT		echwood Roa	
1	Ye	S	(IF YES GIVE WAR OR DATES	403-16-2	2817 Pat	ricia W.	Buck, Unive	rsity Park,	Maryl
The state of		18 CAUSE OF DEATH	Enter anly ane cause	per line lar (a), (b), an				BETWEE	OXIMATE INTERVI N ONSET AND DE
out of the	1	PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (a)	Carnia	SE)	26/1		3	unu
ole of	1	70	DUE TO:	OR AS A GONSEQUE				1	
fron out		Conditions, if any,	which ((b).	CUA				6	DAIS
		gave rise to imme cause (a), stating		OR AS A CONSEQUE	NES OS				-
- 7 3					INCE OF				
of, con		underlying cause	lost (c)	AMIR	new				
Then please to hursol, cre stury, or other	NO		lost (c)	Alpik	men	LATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART	lca
has been signed by a permit from places one energy to harrol, or other	THICATION		FICANT CONDITIONS	Alpik	DEATH BUT NOT RE		MINAL DISEASE OR COND 20a AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSI	OINGS USED
cuts has been signed by a most deem in the places. Hygiene prior to fund, co the signed by a signer, or other than the signer.	CERTIFICATION	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER	FICANT CONDITIONS DN 19b CON RLYING 21b TIME	CONTRIBUTING TO DESCRIPTION FOR WHICH	OPERATION WAS A	PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH
outrainst permit Then please and Hygeric pick to hursil, cut	CAL CERTIFICATION	PART 2 OTHER SIGNI	FICANT CONDITIONS ON 19b CON RLYING 12b TIME HOUR	CONTRIBUTING TO E	OPERATION WAS A	PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH
Aurai transit permit. Then please if Mental Hygiene prior to hurais, or or the IB shows are values, or other	EDICAL CERTIFICATION	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA	FICANT CONDITIONS DN 19b CON REVING THOUSE OF DEATH LEXAMINER) D 21e-PLAC	CONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA P.M. CE OF INJURY	OPERATION WAS S	DERFORMED OW INJURY OCCU	200 AUTOPSY? YES NO	206 IF YES, WERE FIND IN CERTIFYING CAUSI YES TO THEM 18 PART 1 OR PART 2	DINGS USED ES OF DEATH NO
ond Mental Fragient prior than places and Mental Fragient prior to flurial, critical or fluri. If other are lajory, or other	MEDICAL CERTIFICATION	PART 2 OTHER SIGNI 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CIF EITHER NOTIFY MEDICA	FICANT CONDITIONS DN 196 CON REVING 196 CON USE OF DEATH LEXAMINER) D 21e PLAC LAT HOUSE	CONTRIBUTING TO DE NOTION FOR WHICH	OPERATION WAS S	DW INJURY OCCU	200 AUTOPSY? YES NO	206 IF YES, WERE FIND IN CERTIFYING CAUSI YES TO THEM 18 PART 1 OR PART 2	DINGS USED ES OF DEATH! NO []
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Page Page		IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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5 € 5 ₹ 3 ₹ 4		BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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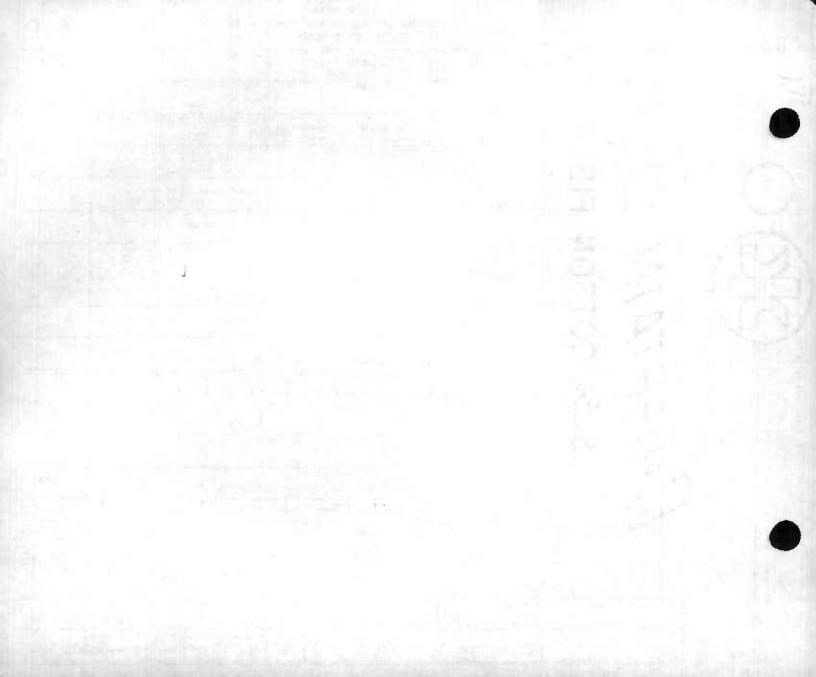
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN ETHE CERWIN. DEATH MATED 6 AGE IN YEARS IF UNDER 24 HRS DATE LAST SIRTHDAY) PRONOUNCED DEAD MARRIED NEVER MARRIED 28 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ICE WIFE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUS -nesal dwely Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 3 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 27a 1 certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural causes Accident Suicide Homicide L Undetermined monner 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

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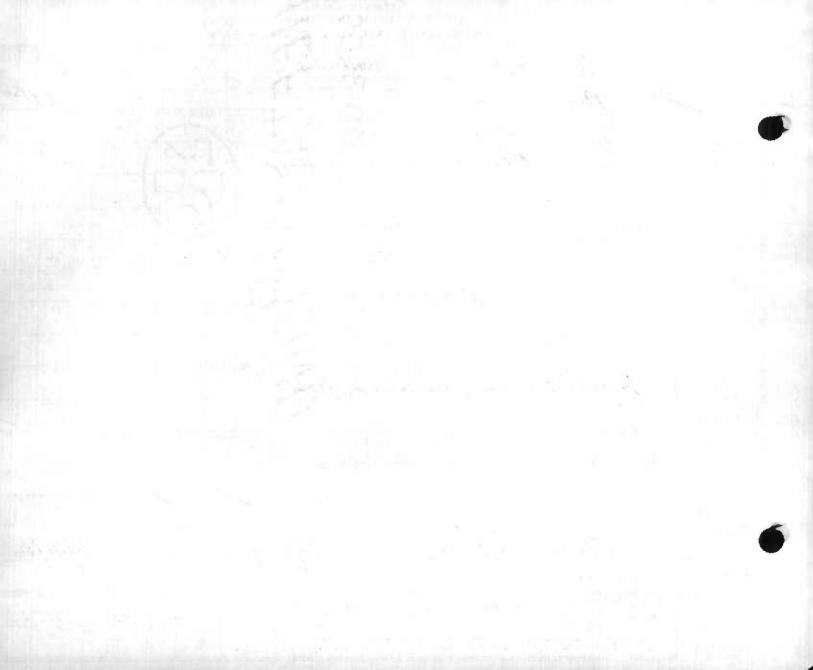
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Merelli de 2 s	14 F	ATHER'S NAME FIRST	MIDDLE		LAST	15 MOTHER'S MA		MIDDLE		LAST	
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MORE or ond or Pages		YES, NO OR UNKNOWN)	IF YES GIVE WAR OR	DATES)	TIAL SECURITY NO					29th S	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND NG PHYSICIAN The low requires that the death certificate be executed written offending physician and completely filled that the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 signed mand Mental Hygiene prior to buriol, cremation, or removal.		Conditions, if any, w	CAUSED BY: MEDIATE CAUSE DUE which diote	E 10, OR AS A CO	TE MU DNSEQUENCE OF	१०८ था की वर्ष कारा	25 m	foreno			
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ATTE asputo CCTO d for n 21		saw the deceased above, (I) (we) (did	alive on (did nat view th	/ .	th. 19 6 6.	and that in (my) (aur	r) opinion dec	ath occurred on the c	late and haur		
TAL OR A yy the hory yy the hory yatha DIREC detoched fore Dept		226. SIGNATURE	MS	myl		DEGREE ATTEM	NDING SICIAN A	MEDICAL STA	FF CIAN [22c. DATE S	1086
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D 5 1 2 3 7		BURIAL, CREMATION, RE				CEMETERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	STATE
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C WILLIAMS



	1	FOR STATE			AND MENTAL HYGIENE 6	21172
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S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W PRESJON STREET,	1 SE	Tale B	CE S. DATE OF BIRTH MONTH DAY	H YEAR 6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	NDER I YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
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# 28.5 C)]	OSEPH	MIDDLE R IN U.S. ARMED FORCES?	WITTIMS SR	15 MOTHER'S MAIDEN NAME FIRST CENEVA 17. INFORMANT	SMITH ADDRESS
STON ST., BALTIMORE, MI N 24 HOURS AFTER DEATH. N ITEM 18, GIVE PAGES 1, N ITEM 18, GIVE PAGES 1, TI PERMIT, PAGES 1 AN 2, YGIENE, DIVISION OF WITE OUVAL.		YES, NO OR UNKNOWN)	I IF YES, GIVE WAR OR DATES)	578-52-6334	DODOTTE LITTET TAME	04 SEAT PLEASANT DR
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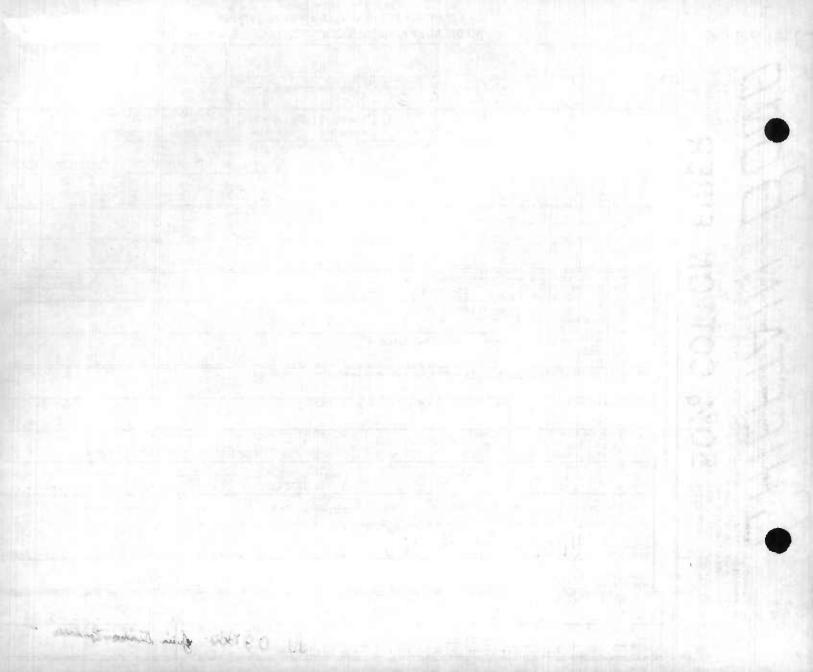
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STATE OF MARYLAND

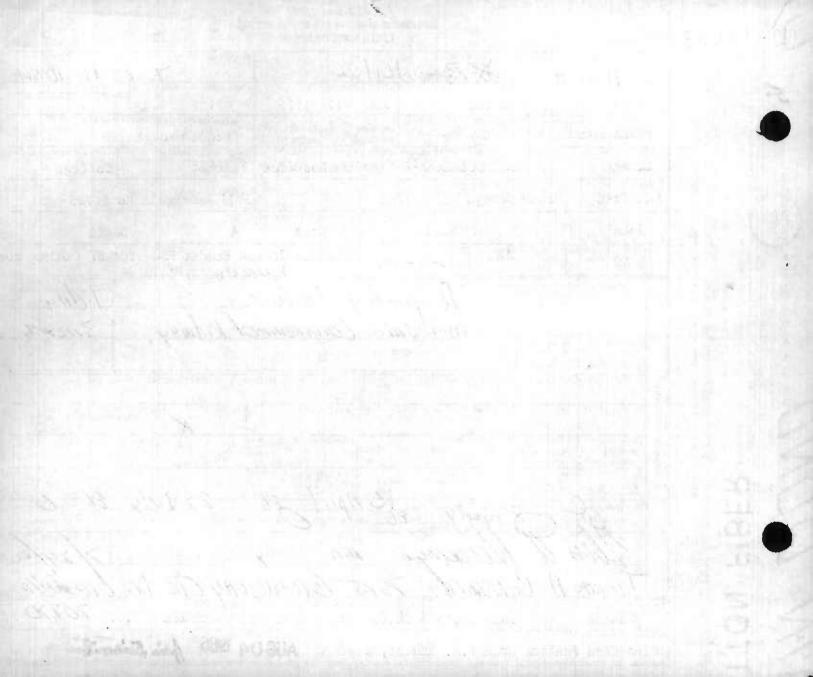
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DIVISION OF VITAL RECORDS, 201	beriony	CAI	190 DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION WAS PERFO	DRMED 20a	AUTOPSY? 20b. IF YE	S, WERE FINDINGS U	ISED FATH?
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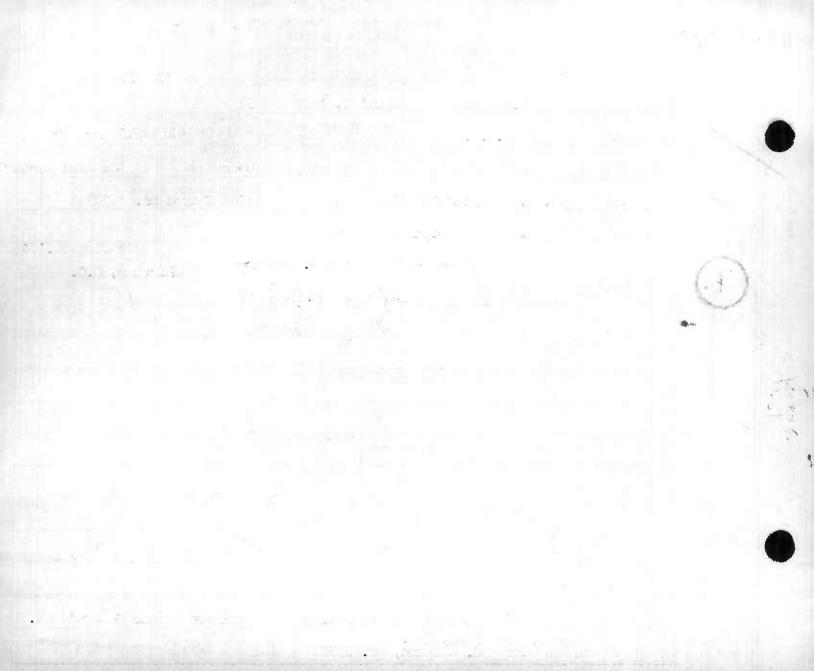
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	(A8 W12 ME (2))	1	Green F	uneral H	lome, 7	21 H	Elden	St. H	lernd	on, Va	UL U	9 13	7	7				-



(VRA 15, 4)



		1.	FOR			DEPARTA		E OF MARYLAND LEALTH AND MENTAL HY	GIENES 6	2 1	1	-9 -4
00-	14021	6 1	- STATE REGISTRAR					ICATE OF DEATH	REG. NO	D.		/ /
			DECEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
y be	deod		L	OLA		В	W	IMAN		7 25	26	М
96	od a	3.	SEX		4 RACE		5. DATE (6 AGE (IN YEARS LAST BIR	HDAYI PO	NDER I YEAR	IF UNDER 24 HRS
96	rs of	F	emale		Caucas	ian	Apri	1 7, 1929	57	YRS	UIS DATS	HOURS MIN.
-	62 5	70.	BIRTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O			
1 2			llinois		U.S.	A.	WIDOW	4.5	PRINCE GI	EORGES	COUN	JTY MD
- 1	持象	11	CITY OR TOWN OF DE	ATH	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET ERN MARY	ADDRESS)	OR OTHER INSTITUTION	IZQ USUAL OCCUPATE ITYPE OF WORK FOR MOST O Operator	WORKING LIFE	INDUSTRY	BUSINESS OR
2		a U	UAL RESIDENCE (IF NUR		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	HOSPITAL			capita	ii cence
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 PHYSICIAN: The low requires that the death Certificate be executed within 24 holds	hould be	M	aryland	13b. COUI		Temple H		13d INSIDE CITY LIMITS? YES NO [4708 Sharo	zip code n Rd.	20748	3
With:	d 2 s	6	FATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST	
. M		All I	Hubert		н.	Hopki		UNK		0.77.0		SE
ORE	d es		JYES, NO OR UNKNOWN)	(IF YES GO	MED FORCES? WE WAR OR DATES!	16b SOCIAL SECU		17 INFORMANT	ADDRE	ss 2708	31st	St. #64
TIM be	1.1		No	N/	A	577-32-7	213	John S. Pow	elson Was	nington	D.C	
BAI			18 CAUSE OF DEAT PART I. DEATH V	H (Enter of	nly one couse pe ED BY:	r line for (a), (b), and	O less b	6-0			BETWEEN D	MATE PUTERVAL MEET AND DEATH
Z ST.	V				TE CAUSE (a)	- /	Sur	maryan	int			
ESTON deoth	0000		C No.		DUE TO, C	OR AS A CONSEQUE	NCE &	mo conc	0.	1		
PRES	e otten move c notion, troum		Conditions, if any gove rise to im	mediote	(b)_		-	mp canc	KV.			
W. 10	by th se re crer other		cause (a), stati underlying cause		DUE TO, C	OR AS A CONSEQUE	NCE OF			3000	14.00	
201 es th	pleo uriol		PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	OITION GIVEN	IN PART 110	
RDS,	Then to b	2										
2	Z ony	7 Septience Ation	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED
AL R	hos to be	7 1							YES NO	IN CERTIFY IN		NO [
Y Z	physic tificate Il-trons of Hyg	- CONT.	On COLUMNIA TO THE	_	110110 1	OF INJURY	Y YEAR	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
NO.	ng p	MEDICAL	IF EITHER NOTIFY MED		All	.M.	19					
SION	this this id W	AED.	21d. INJURY OCCUR			OF INJURY	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
NG ON	os the	1	AT WORK AT WO	ORK ORK				1 7	also		97	
- Q	IR: A use Use Healthis mis mis		22a I certify tho		The state of the s	1./	7	10 18 0) to 7/2\	. 19_		that (1) 🚱) last
ATTE	CTO d for n 21 m 21		saw the decem- above, (f (wir))	and alive of did fold ne	view the bloch	v ofter death.		nd that in (my) (our) opinio	n death accurred on the do	te and haur on	d from the c	auses stated
ő	DIRE Dep		22b. SIGNERALIE	nt	AA	2 11 11	300	DEGREE	AMEDICAL STAF	F	221. DATE S	IGNED
IA IA	RAL dete		M	No	racon.		100		MEDICAL STAF	IAN 🗌	7/26	100
OSP	FUNERAL JID be det in the State		22d PHYSICIAN SIN	2				77e. ADDRESS				
0	TO FUNERAL should be deto with the State IMPORTANT. If	-	DAVID H.	-								
			BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	CITY OR TOWN		OUNTY	STATE
	BP		remation		July 2	6, 1986 L	ees C		Clinton P			
DH	MH - 16 60M 7/84	74	FUNERAL DIRECTOR	Lee F	uneral I	Home, ADIT Inc	. 347	20735	ATE REC'D, BY REGISTRAR	25b. REGISTRAR	dow-M	DE CONTRACTOR
	(VRA 15 4) 6	MR.	() Id Aleva	nder	Perry R	d ('linto	n Md	. 70/35 511	111 1 1 1 1 2 DU	4		



STAT	E OF	MARY	LAND
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EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE &	Ö REG. NO	2	-	į	1	8	
LASI	20. DATE	OF DEATH	MONTH	DAY	YEAR	26 H	OUR	
e Windsor		7/1	1/86			9:	DOF	1

	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE 8 6	211	18				
1	1. DEC	EASED NAME FIRST	MIDDLE	ı	LAST CAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR				
1		Franci	Claude	Wind	lcon	7/1	1/86	9:00AM				
	1.5EX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	AR IF UNDER 24 HRS					
		Male	Caucasian	MONINOM 8		60 YRS						
5	C	RTHPLACE ISTATE OF FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Prince Georges M						
1	Ac	COKEEK	(Home) 2015	Spring		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR				
>	13a S	Maryland P		WN	13d INSIDE CITY LIMITS?		ZIP CODE ng Grove Dr	20607				
7	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			LAST				
10.5		Joseph Cl	aude Windso:	r	Marie	Elizabe	th Walke	Pr				
-		Yes	MED FORCES? 166 SOCIAL SEC 577-40. Ty ane cause per line for iai, (b),	-6424	Elva H. W	indsor	-sar	DE 85 #1:				
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) EXTENSIVE MCTASTASIS OF THE LUNG DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110										
7	CERTIFICATION	190 Date of Operation	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO					
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	212 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	n				
	MED	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFIC		211 LOCATION STREET	CITY OR TOW		STATE				
	8	220. I certify that (1) (this hospital) attended the deceased from August 18, 19, 81, to Present, 19, that (1) (we) last saw he deceased drive an May 10, and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above. At a present, 19, and that in (my) (aur) apinian death accurred on the date and have and from the causes stated above.										
	3	226. SIGNATURE			M.D. ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F 7/	TE SIGNED 11/86				
/		Arnaldo A. G			7501 Surrat	ts Road #110), Clinton,	MD 20735				

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial

7/14/86

Ft. Lincoln Cem

Brentwood, Progeo, Maiate

24 FUNERAL DIRECTOR Huntt Funeral Home,

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is

Tourne shorts starts von ... Trone, 2015 spring brown in order total distinct of the state of Correspondent to the total tot Page 100 Con the Page 100 Control of the Control of and the state of the language of the party of the state o DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

86 21170

-		STATE REGISTRAR		Som	DEI AITT		ICATE OF DEATH	, O					
		EASED NAME OR PRINT)	Helen		M.	43%	ikman	20 DATE OF DEATH	_	A STO	6:10 A		
	3 SEX			4. RACE		5 DATE (o. o	6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS		
į	Fe	emale		Caucas	ian		nber 26.1910	75	YRS	MUNINS DATS	HOURS MIN.		
Š	7o. BIR	THPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	- 1		
		insulvanio	,	USA		WIDOWI		Phin	ce Geor	101	MD.		
3		Y OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126 KIND OI	F BUSINESS OR		
).	Huo	attsville			e Hacility, GIVE STREET & Manor	ADDRESS)		Housewik		E) INDUSTRY			
i		L RESIDENCE LIF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE								
Ì		ryland	Pr.		Mt. Rair		13d INSIDE CITY LIMITS?	13e STREET ADDRES	th Stre		20712		
		THER'S NAME	1176.	oeu.	Im. Ruce	ner	15 MOTHER'S MAIDEN NAM		in soil	er_	20112		
)		Patrick	1	MIDDLE	Carra		Julia	MIDDL	E	OLO			
-	16a W/	Bernard AS DECEASED EVER	IN U.S. AR	MED FORCES?	Coxe 16b SOCIAL SECL	IRITY NO		AD.	DRESS4 CA4	O'Gra	ay		
Ī		S. NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)	7.2 F. 18		vaug	hter AD	DRESS 1801	Avalon	Place		
Ì	No.				180-07-		<u>Julia D. Conn</u>	er Hy	attsvil		20783		
1		18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic PART I. DEATH WAS CAUSED BY. ACLARATION AND MEDITION AND MEDITI									MATE INTERVAL DISET AND DEATH		
١		IMMEDIATE CAUSE (a) AS PIRATIVE MEN MOTA HID								1/2	- Hours		
1		Canditions, if any, which (ib) Cyt cresoverscular weindert									. 0		
		Canditions, if any gove rise to imi		(b)_	Left	ches	of the vicions of weeks						
		cause (o), stating the underlying cause last											
ı		10 11 20 20 20 20 20 20 20 20 20 20 20 20 20											
I		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	CERTIFICATION	9a DATE OF OPERA	MACC		hosis	OPERATIO	N WAS PERFORMED	In AUTODEYS	Tank in Mr.	WEST FORD			
l	FE FE	48 DATE OF OPERA	11014	198 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN			
J	E .	21a ACCIDENT WAS UNDERLYING 71b. TIME O			T WILLIAM		Tel Howen then a consequent	YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
ķ		OR CONTRIBUTING	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART 1 OR PART 2)				
ì	D.	LIFEITHER NOTIFY MEDI	ICAL EXAMINER	P.,	M	19							
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITYO	RIOWN	COUNTY	STATE		
ı		NOT WE AT WO	PRK										
ł		22a I certify that (1)	this haspit	al) attended th	h .		pril 19		8	19 06 1	that (Ti we) last		
ı	l L	above (II) west (ed alive and did (alid no	ricy in tody	after death.	, ai	nd that y (my) (aur) apinion o	death accurred an th	e date and have	r and fram the	causes stated		
i		22b SIGN	18	1			DEGREE			22c DATE	SIGNED		
		11	nei	-			MD ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN []	1/8	181		
Ī		22d PHYSICIAN'S N.	AME (TYPE OF	Might	1 1 3	11.339	22e ADDRESS	me (to	ma Cx	ALC NIRE	IT MOD		
		5441350	LER	mo			1200 CKEEN	13-9 -11	70	770	را ۱۰۱		
ì		JRIAL, CREMATION,	REMOVAL	23b DATE	23c. N	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION					
		rial		Tulu 1	0 1986 11	+ 00	ivet Cometeru	Washina		COUNTY	STATE		
1		NERAL DIRECTOR	Engua	is T C		Te	ZSa. D'ATE	REC D. BY REGISTR		RAR'S SIGNATL	JRE		

DHMH - 16 60M 7/84

(VRA 15, 4)

500 University Blvd. W. Silver Spr.

JUL 1 1 1986 Jun Davidson forder

Fancile Succession Sheetshet 26-1916 Period and St. M. A. Trainer Springers canaa : Come : C in the first of the courter to the contract the state of the the property of the second French . Collins In. Chiner Company Laistin Teng. 2.C.

This was the stant. F. Street Spring Wit.

	10056	. 1	,	FOR STATE			DEP		ATE OF MARYLA F HEALTH AND N		IENE 8 6	2	1 1	0 /3
0 -	13252	<u> </u>		REGISTRAR				CERT	IFICATE OF D	EATH	REG.		1 1	0 U
	. 8.5			EASED NAME	FIRST	gar,	MIDDLE		LAST		20. DATE OF DEATH	MONTH D	YEAR	2b. HOUR;
	oy be oge 3 death			Mad	elin		DAVIS		right			07-2		4:00PM
	4 mo		3. SEX	Female	4.	RACE	Whit	AC MC	E OF BIRTH	YEAR	6. AGE (IN YEARS LAST	PIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	oge oge	M	1 0.0	THPLACE (STATE OR FOR		0.0.000	WHAT COUN		11-10-0	8	9. BALTIMORE CITY	YRS.	OF DEATH	
	death. Poguneral dire	3	C	STATE OR FOR			S.A.	MAR	RIED NEVER M	AARRIED			- 55-71-	ounty MD.
10	s after d by the fu iled wit	Online	10. CI1	YORTOWN OF DEATH inton, MD	11				e or other inst cent Ce		120. USUAL OCCUPA (TYPE OF WORK FOR MOS SEMPTRE)	TOF WORKING LIFE	INDUSTRY	GOV T
ARYLAND 2120	24 hour	Sanst be	USUA 130. S	RESIDENCE (IF NURSING	HOME OR OTH	G.	U19The		136. INSIDE CI	ITY LIMITS?	130. STREET ADDRESS		ane 20	735
3,5	arthin thin	ME 201	4. FA	HER'S NAME	MID	DIE	LAS	. T		MAIDEN NA	ME MIDDLE		LA	61
WA	b ald a	5		CLARENCE				/IS		ETA	, modit			KNOWN)
AORE,	e execut	medico	(4	AS DECEASED EVER IN	U.S. ARME	D FORCES?		SECURITY NO			UR WRIGH		05 CE	DARVILLE
LTIA	نبرة ف	0	1	10 L				6-036	0	(Medic	cal Recor	d) BRA		IMATE INTERVAL ONSET AND DEATH
T. 84	rentificate ng physici bonpaper remavol	event, th		18 CAUSE OF DEATH (PART I. DEATH WAS	CAUSED E		Car (a),	20h	re	Au	ext		BETWEEN	CONSET AND DEATH
ONO	death ce attending ove corbo	notic				DUE TO, O	OR AS A CON	SEQUENCE O	11	0	5			1
PRESTON	ne after	ather traumotic		Gonditions, if ony, we gove rise to immediately couse (o), stating		(b)_	119	ore	sehal		Forch	~~		-
W.	that the deby the lease regard, cre-	r othe			last.	DUE TO,	DR AS ACON	SEQUENCE O	He	end	Chan	SI		
RDS, 20	equires 1 signe Then p	injury, or	NO	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS (ONTRIBUTIN	Line	JUT NOT BELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	EN IN PART 1	a
AL RECOI	he law re on. hos beer permit. ene prior	2	CERTIFICATION	9a. DATE OF OPERATIO	N .	196. CONE	DITION FOR W	VHICH OPERA	ION WAS PERE	MED	20e AUTOPSY?	IN CERTIF	WERE FINDI	
DF VITA	Fig. 1	Control of the		210. ACCIDENT WAS UNDER	SE OF DEATH	HOUR A	OF INJURY		AR	JURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2)	
NO	ding ding ding s cer is cer buric Men	E de le	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED		21e. PLACE	OF INJURY		9 211. LOCATIO	N N			COUNTY	STATE
DIVISION OF	G Pler the arther and and	orked	M	WHILE AT WORK AT WORK		(AT HOME, S	TREET, FACTORY, C	OFFICE, FARM, ETC	STREET		CITY OR	TOWN	COUNTY	STATE
۵	00 00	SE SI		22s.1 certify that (I) (th				from	,/12	, 19	Z, to	2	A 1-	that (I) (we) last
	F d F d o	5		saw the deceased obove, (I) we (did	alive an	view the bod	y ofter death.	19 86		(our) opinion	deoth occurred an the	date and have		
	OR John Page 100 DIRE	# Hea		175. SIGNATURE	,	/			DEGREE	TTENDING _	MEDICAL ST	AFF	22c. DATE	SIGNED
	ITAL by t BRAL State			77d. PHYSICIAN'S NAM	- J.	2-			228 ADDRES	PHYSICIAN [MEDICAL ST	ICIAN 🗆		4
	TO HOSPITAL retained by the TO FUNERAL should be det with the State	MPORTANT:		15 2	A		657	THA -	42	35	260	Ave	- m	
	Of of State	≥	23c. B	JRIAL, CREMATION, RE	MOVAL	236. DATE		23c. NAME C	F CEMETERY OR C	CREMATORY	23d. LOCATION		COUNTY	STATE
	BP	-		BURIAL		07/2	4/86	HERT	TAGE ME	M. PARK	WALDOR	F, CH	ARLES	. MD.
	DHMH - 16 50M 4/	/B2		NERAL DIRECTOR				DRESS		1 13 13	E REC'D. BY REGISTRA	JULIAN D	RAŖ'S SIGNA	pandala
	(VRA 15, 4)		TH	E AREHART	r Fun	VERAL	HOME	INC.	LA PLAT	CA MD	L 23 1986	- Junior		

LINE SEED AND LESS CONTRACTOR OF THE SEED THE ARCHART COMMERCIAL COLL. COLL, CHARL CARRIED TRANSPARENT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME FIRST 20 DATE KNOWN 7b HOUR (TYPE OR PRINT) (NMN) DEATH MATED ders 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD BIRTHPLACE (SIATE OR 9. BALTIMORE CITY OR COUN MARRIED NEVER MARRIED Pennsylvania USA Prince George's County DIVORCED Q CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Pressman Washington Bowie Post SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pr. George's Bowie 12802 Hadley Lane Maryland YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Olive Sheaffer Jacob H. Zeiders May 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Hadley Lane 195-07-6035 Richard L. Zeiders CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (o DUE TO, OR AS A CO EQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. ED AS A CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE I DEPARTMENT YES T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED ZII. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OF TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNKAL DIRECTOR, PAGES DEATH, WITH THE STABALI)MORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Inquiry death resulted from: Accident Suicide Homicide Undetermined monner THE (SPECIFY EXAMINER'S NAM TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Removal/Burial 14.1986 Churchville Cemetery Oberlin, Dauphin, Pennsylvania BP 07/B4 25M 750 DATE REC'D. BY REGISTERS SIN BEGISTERS SINGSMATURE \$1,6000 Annapolis Road **DHMH - 17** (VR A15 ME (5)) Beall Funeral Home Bowie, MD 20715-3043

JENE 2 18 12 17 17 14 sunnsylvania USA Prince George's Gounty New1d /Agrant Freeman Hackelington Pr. George's Nowie X 12002 Hedley Lame 20715 Jenub H. Zeiders Chive May Bhenifer ---- 195-0-035 Richard L. Reiders Bowie, W. 20 T. The state of the s

Removal/Lar at JULY 4,1,00 introductile depotaty Oberlin, Dauphin, Fennsylvania
Listor and old some
Lowis, 15, 20(15+)043